state OCCUPA-

plnous

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.



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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death,-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 2 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- 1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PR	HYSICIAN
---	----------

	state	STATE OF WARTLAND	CERTIFICATE OF DEATH (1684)
	state UPA	1. PLACE OF DEATH	62-2
18		County Ballinger	Registration Dist. No. 30
11)	should of	Village or City Catronille had	ND. St., Ward
		Length of residence in city or town where death occurredmbs.	death occurred in a hospital or institution, give its NAME instead of street and number)
	Every CIAN tement	2. FULL NAME Mrs. Lathering	A Aire
			Vi uning
	ECORD. PHYSI cact stat	(a) Residence: No. 2 South Bund Road (Usual place of abode)	St., Ways. If nonresident give city or town and State
	SCC P.P.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	T RH	4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH July 28, 193. 4
C	T I ied.	5a. If married widowed or divorced	(Month) (Day) (Year)
	A C T ssifted	HUSBAND of (or) WIFE of William aires	22. 1 HEREBY CERTIFY That I attended deceased from
BIND	RM Cla	h 1: - (to)	1 July 28, 1934
B	IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	Plest saw have alive on 1934; death is said
)R	IS A I stated proper	7 Deys IT LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	IS stal pro	8. Trede, profession, or particular	were as follows:
A	HIS be be of	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked et 11. Total time (years)	Cerebal /temoslage 5 76.3
VE	c—TF ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
ER		SAW MILL, BANK, etc.	
RESER	INI E sh it it	Spent in this	
R	NFADING I oplied. AGE erms, so that instructions	yeer) occupation occupation	Other Contributory Causes of importence:
GIN	DI So so leti	12. BIRTHPLACE (city or town) State or country)	Chy, Gujocardelis: 4-25-1
SG.	FA lied ms,		mit byfullusion
AI	NFA supplied n terms, ee instr	I MAN	
\geq		4 14. BIRTHPLACE (city or yown) (State or country)	Name of operation. Date of
	WITI efully in plai		What test confirmed diagnosis? Was there an autopsy?
		Ξ	28. If death was due to external causes (VIOL ENCE) fill In also the following:
	PLAINLY, hould be can OF DEATH very import	O 16. BIRTHPLACE (city or town). (State opcountry)	Accident, suicide, or homicide?
		17. INFORMANT Miss Elisabeth arin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
	E PLA should OF D	(Address) 60 V horth Band Road	The state of the s
-	She She S	18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
	SIT SE	Placed Andm I M. Date July 31 193.4	Nature of injury
-	WRITE mation s. CAUSE TION is	19. UNDERTAKER SUCCES LA SANTAN	24. Was disease or injury in any way related to occupation of deceased? 200
No.	B. L.	(Address) VIOI Buderick and.	If so, specify
802	7	20. FILED 7-28, 1934 /+ Candreae	(Signed) M. D.
>	4	Registrar.	· (Address) - Calvergelle J Med.
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00841
county Dallemore	Registration Dist. No. 30
Village Dr City Catonsello	No. Sheine Torres Hospitsto Ward
Length of residence In city or town where death occurred 3 yrs mo	If death occurred in a horpital of institution, give its NAME instead of street and number) ssds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Deanche avery	os. Total hate as.
(a) Residence: No. Linkwown	and the mass
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
5e. If merried, widowed, or divorced	(Nymith) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, The I attended deceesed from
lukunn	May 29 1931, 10 July 17 1934
6. DATE OF BIRTH (month, day, and year) cukurur	I lest sew he alive on July 17, 1934; deeth is said
7. AGE Yeers Months Days If LESS then 1 dey,hrs.	to have occurred on the data stetad ebove, atm.
Ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance ware es follows:
8. Trada, profession, or particuler kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc.	
9, Industry or business in which work was dona, es SILK MILL.	Empyona 2wd
SAW MILL, BANK, etc	- June
TID. Data dacesed last worked at this occupation (month and yeer).	
mine.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) State or country)	DOSTO POR
13. NAME LINKHOUSE	signe forsoning /wh
14. BIRTHPLACE (city or town)	Neme of operation
(Siete of country)	Whet test confirmed diagnosis? Wes there an eulopsy?
15. MAIDEN NAME Untresser	23. If deeth wes due to externel ceuses (ViOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)9	Accident, suicide, or homicide? Dete of injury, 19
1 (Older of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Nove	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL MEMATION, OR REMOVAL	Marca dela
Per Varza Dete /26,183 &	Manner of Injury
19. UNDERTAKER	24. Wes disease or injury in any wey releted to occupation of deceased?
(Address) Grany for Arry	If so, specify
20. FILED 9/ 19 Hellender	(Signed) Pool Carelt M. D.
126 Ble Alas > Registrar.	(Address) Catoring in 100 221
If more blanks are needed, address state Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		. Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(If death occurred in

a hospital or institu-tion, give its NAME is-stead of street and

DATE OF BURIAL

ADDRESS

number.)

if not at place of death?

20 UNDERTAKER

BURIAL OR REMOVAL

Former or usual residence

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year)

IIf LESS than I day hrs

CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

M)	r, PHYSI- ed. Exact
	RECORD	ed EXACTL) perly classifi prtiticate.
MARGIN RESERVED FOR BINDING	ILY, WH UNFADING INK-THIS IS A PERMANENT RECORD	rmation should be carefully supplied. ACE should be stated EXACTLY, PHYSI-te CAUSE OF DEATH in plain terms so that it may be properly classified. Exact IPATION is very important, See instructions on back of certificate.
ED FOR	THIS IS A	plled. ACE rms so that instruction
RESERV	NG INK1	refully sup In plain te
MARGIN	H UNFADII	hould be ca CF DEATH s very impo
	, W	CAUSE TION
	ILY	te (

Village or City

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country)

(a) Trade, profession or particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

3 SEX

7 AGE

ould F D		TO NAME OF	In Lines
ON IS	STA	OF FATHER (State or country)	uid
matile CA SATI	PARE	12 MAIDEN NAME OF MOTHER	unkervier
Inford State		13 BIRTHPLACE OF MOTHER (State or Country)	mbrow
n of	14	THE ABOVE IS TRUE	TO THE BEST OF MY KNOWLEDG
lter sk nen		(Informant) Ten	ge 13 leounes
ANS		(Address)	npper Talls
明の数	15	7/72	BINDED alc.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

5 SINGLE.

MARRIED. WIDOWED. OR DIVORCED (Write the word)

(Day)

	MEDICAL CERTIFICA	ATE OF E	EATH	
16 1	DATE OF DEATH	10),	193 4
	(Month)(I)ay)	(Year)
17	HEREBY CERTIFY, That	I attended	d the dec	
	at I last saw h Malive on	Sly		198.4
	d that death occurred on the date		e, atl	/n
The	EAUSE OF DEATH * was de follo	A.		
	Myma lec	cou	7.	
	\wedge			
		******************	************	*****
	000000000000000000000000000000000000000			
	(Duration)	Type .	TO (, d
			6114	70 mis
•	Contributory Secondary		• • • • • • • • • • • • • • • • • • • •	
)ута		
404444	00 0 8 5	/yıs		
(Sign	gned) Mull	silve		M. I
1	1984 (Address)	m 4/	we	a m
7.	State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, of Injury	in deat and (2)	hs from Whether
	LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals,	Institutio	ons, Tran
At p	place deathyrsmosds.	In the State	_yrs	mosd
Whe	nere was disease contracted,			

WRITE PL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. To word laborer, Laborer, Laborer, Coal minc, etc. Womlaborer, Farm laborer, Laborer—Coal minc, etc. Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (6) For persons who have no occupation Automobile factory. The material (b) Grocery;

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

Pennsylvania John R. Kilrov

13. NAME Philadelphia 14. BIRTHPLACE (city or town) (State or country) Pennsylvania Caroline McDevitt 15. MAIDEN NAME

16. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania Austin Baughman

17. INFORMANT Mr. E. (Address) Rochambeau Apartments

18. BURIAL OREMATION COR PENOVAL

Piace Philade Vohia 19. UNDERTAKER (Address)

What test confirmed diagnosis? there an autopsy

23. If death was due to external causes (violence) fill in also the foliowing: Accident, suicide, or homicide?............Date of injury...... Where did injury occur?... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ... Manner of injury.

Nature of injury......

24. Was disease or injury in any way related to occupation of deceased?

804 Cathedral (Address)

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Chronic interstitid neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
हि है औ			-
Other contributory causes of Importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastrocnteritis	1 year
1			

BINDING

FOR

ARGIN RESERVED

V. S. No. 1

M

(Address)

Registration Dist. No

How long in U.S. if of foreign birth?

TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrift the word)	21. DATE OF DEATH (Month) (Dey)	, 1934- (Vear)
September 13 1905	22. I HEREBY CERTIFY. Thet I attended 1933, to July 14 1 last saw ham alive on July 14, 1934	deceased from 19.3.4.
nths Deys If LESS then	to heve occurred on the date stated above, a 12:40 Pm.	
O / 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	Data ol onset
ier, · Clerk.	Pulmonan Tutualosis	Data of onset
Post Office	Puermany Infactions	1933
11. Totel time (years) spent in this years.		
altimor	Other Contributory Causes of importence;	
Berman		
Luburn.	Neme of operation	3
unie Cohen	23. If death wes due to extarnel ceuses (VIOLENCE) fill in elso the following	g:
Jussia.	Accident, suicide, or homicide? Dete of injury Whera did injury occur?	
Personal History ium. Towson. Md.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ACE.
Data 7-15-319/	Menner of injury	
Elmis to e	24. Was disease or injury in eny way related to occupation of deceased?	no.
M. O. Futh m. A.	(Signad) Towson, Md.	M. D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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i.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
----------	-------	---------	----------	----	-------

1. PLACE OF DEATH		46	1845
County Baltimore		Registration Dist. No.	
Village or City Towson, Ma	(1)	No. Sheppard & Enoch Pratt Hossite death occurred in a hospital or institution, give its NAME instead of street and the state of the the sta	number)
Mr. Toom	Blum	bear for the sould see to the second	75ds
2. FULL NAME		Dallas. Texas	
(a) Residence: ND. 4704	Lake side Drive (Usual place of abode)	St., Ward.	C
PERSONAL AND STATISTI		If nonresident give city or town and	State
3. SEX 4. COLOR OR RACE	5, Single, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male white	OR DIVORCED (write the word) Married	July 9, (Month) (Dey)	, 193 4 (Year)
5e. If married, widowed or diverged HUSBAND of Mrs . Filsa Van (or) WIFE of	S. Blum	22. I HEREBY CERTIFY, Thet I ettended September 24, 19 26 to July 9,	deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 56 8. Trede, profession, or particular	Days If LESS than 1 dey,hrs. ormln.	to heve occurred on the date stated above, et 3:55 Pm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:	; death is said
Kind of work done, as SPINNER, F1 SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	scal agent, retired nsurance business nolesale Grocery 11. Total time (years) spent in this occupetion	generaliyet metailases	und
12. BIRTHPLACE (city or town) Galvest (State or country)	on, Texas	Other Contributory Causes of Importance: Involutional Melancholia	Feb.
13. NAME Sylvain Blum		- 1117 DIAG I DIREL MELANION DILA	1926
H 13. NAME Sylvain Blum 14. BIRTHPLACE (city or town) Fra (State or country)	nce	Neme of operation Dete of Whet test confirmed diegnosis? Wes there en of	
15. MAIDEN NAME Horiat Gru	nbach	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following	
15. MAIDEN NAME Horiat Grunbach 16. BIRTHPLACE (city or town) France (State or counity)		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Hospital rec (Address)	ords	(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURNAL, CREMATION, OR REMOVAL	0.1.11	Menner of injury	
Place buller Jan	Date July / 19 Sp	Neture of injury.	
19. UNDERTAKER (Addyess) OS hu, Mag	owen Co	24. Was disease or injury in any way releted to occupation of deceased? If so, specify	f.f.
20. FILED July 10, 1934 XL	To Selle Registrar.	(Signed) Arthur E. Pattrell (Address) Towson, Maryland 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	М, [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

B	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

,	

CC	County 10 affice	eec	·
should	Village or City Sieele	rnd	
t/w_	Length of residence in city or town where death	occurred	yrs,m
Ever	2. FULL NAME Comel	- ce	Olega
YSICL Statem	(a) Residence: Np.		0
		(Usual place	
RECO. PH Exact	PERSONAL AND STATISTICA		
	Semale White 5.	OR DIVORCEL	RIED, WIDOWED, O (write the word)
KMANER XACT J classified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	5/8	Plane
EKM EX cla	6. DATE OF BIRTH (month, day, and year)	1:18	370
erly icat	7. AGE Years Months	Days	If LESS than
IS A I stated properl	77	10	1 day,hr
be s of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	You	u mile
should it may n back	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at		
0 + 12	1D. Date deceased last worked at this occupation (month and year)	sper	me (years) nt in this 60
DIN So t so t actio	12. BIRTHPLACE (city or town) (State or country)		es bro
CNFA pplied terms, instru	13. NAME Prelians	2	
P = 2 "	H	0	
ly su lain t See	4 14. BIRTHPLACE (city or town). (State or country)		las sand
	E 15. MAIDEN NAME Lana la	20010	ar.
INLY, WIT be carefull EATH in pl important.	15. MAIDEN NAME Acce (Color or town) (State or country)	1000	al
AINI d be DEA7	61. T. B. 6		
ry Did	17. INFORMANT Medical (Address)	uger	omes
Shot OF Ve	18. BURIAL, CREMATION, OR REMOVAL	· Ceres	e //w
<u>-</u> ⊕ .≅	Place Middle Low so D	ate Justy	14:0,1934
mation CAUSI TION	19. UNDERTAKER R. N. Snak	est	
e e	(Address) Freele	0	J 1

1. PLACE OF DEATH

·>·	(186-0)
oland	Registration Dist. No. 3.0 No. St., Ward
n where death occurred yrs mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(Usual place of abode)	St., Ward. If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Par) 193 4 (Year)
10 & Bollinger	22. I HEREBY CERTIFY. That I attended deceased from, 19, 19, 19
July 1:1870	I last saw h; death is said
Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
NER. Nouse mife	Cerebral Combolism
11. Total time (years) spent in this occupation 60 Cleaner Book Selfine Book Selfi	Other Contributory Causes of importance: Si accidentes geg: she folk down stavies a Cause gran. Name of operation. Date of
Maryland Bollinger Frieldend Mid	What test confirmed diagnosis?
Suchest	Nature of injury24. Was disease or injury in any way related to occupation of deceased?
Sarguel & Miller Dy Registrar.	If so, specify Chiefle & Fellen & M. D. (Address) Maylane Jene broken.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, et g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—C	CERTIFICATE OF DEATH 06847
1. PLACE OF DEATH	- 8 H
County Batto .	POBOX 24 2 Registration Dist. No.
Village or City Jones Creek	Now parrows Variott Ward leath occopied in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME BOY Ballis	
(a) Residence: No. Sauch as above.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white OR DIVERCED (wine the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced	22. OI HEREBY CERTIFY. That I attended deceased from
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 14-34	last saw her dead July 14, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
Stallsom 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: Date of one of
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stell born, about about
9 Industry or husiness in which	about 4 met This
work was done, as SILK MILL, SAW MILL, BANK, etc.	Alrelopment.
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) A for action of Beauty (State or country) mad	
E	Name of operation Date of
14. BIRTHPLACE (city or town) Fruick (State or country)	What test confirmed diagnosis? Law — Was there an aulopsy? 200
15. MAIDEN NAME Javasti Vimarco.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Savaste Vimario.	Accidant, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Father (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
10 DUDING CREMATION OF REMOVAL	Manner of injury
Place frivate grounds ate July 14, 19 34	Nature of injury
19. UNDERTAKER	24. Was diseasa or injury in eny way related to occupation of deceased? Zwo
(Appless) — A MIO	If eq. specify
20. FILED July 14, 1934 M. Homicas	(Address) Sharows Fourt hud
Registrar.	(MULICOS)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

deceased?.....

Registrar.

24. Was disease or injury in any way related to occupation of

.....If so, specify

(Address) 5 0

SIC

K

ARGIN

19. UNDERTAKER

(Address)

20. FILED.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDINOVAL SPACE FO	FURTHE	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH U6849
1. PLACE OF DEATH	92-00
County Bultimore	Registration Dist. No.
Village or City Wampler Rd	No. Muddle / Curer St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cify or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Namel Spencer	Biron
(a) Residence: No. 1220 St. Mathew	St.E. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) 193 3 4 (Year)
HUSBAND OF (or) WIFE OF Mary Brown	22. I HEREBY CERTIFY, That I attended deceased from 19 19
6. DATE OF BIRTH (month, day, and year) Nov. 8-1894	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day	The PRINCIPAL CAUSE OF DEATH and related causes of importance: were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, efc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, efc. 10. Dato deceased last worked at this recognition of the program of the pro	Chronic Vahisler Heart Diases
11. Tofal fime (years) this occupation (month end year) 11. Tofal fime (years) spant in this	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(Stete or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	Whaf test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deefh was due to exfernal causes (VIOLENCE) fill in also the following:
[Stafe or country] [Stafe or country] [Stafe or country]	Accidenf, suicide, or homicide?
17. INFORMANT Trany Brown (Address) (2 40 5. Mathew 6.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Menner of Injury
Placetelmis Konse Jefs Date 1/17, 1934	Nature of injury
19. UNDERTAKER Johns Connelly	24. Was disease er injury in eny wey related fo occupation of deceased?
20. FILED 7/17, 1934 John S. Cornell Registrar.	(Signed) Jacob Hallman Coronor M. D. (Address) Stemmer Pour Md
75 man black and all the Star B. in T	N. Cl. J. C P. L

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	(2) 1021	Run over by street car	1 week ago
Cerebral hemorrhage	5. 015, 027	Peritonitis ·	3 days ago
Other contributory causes of importance	1997	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	÷		

ARGIN RESERVED FOR BINDING

V. S. Mo. 1

SIAIL OF	MARYL	_AND	CERTIFICATE OF DEATH 06850
			93-2
County Baltimore			Registration Dist. No.
Village or City Carney		(10	No. 2nd & Carney Ave St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurred	.yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anni	eT. Brya	n,	
(a) Residence: No. 2nd & Ca	Usual place of al	(O	St., Ward. If conresident give city or town and State
PERSONAL AND STATISTICA	L PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIEI OR DIVORCED (20 W1 COW	vrice the word)	21. DATE OF DEATH July 15 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund T. Bry	an,		22. I HEREBY CERTIFY. Thet Littended deceased from 1935 do July 15, 1954
6. DATE OF BIRTH (month, day, and year) Jun	e 22.18	57	I last saw her alive on Turky 165 193 4 death is sald
7. AGE Years Months	Days	If LESS than	to have occurred on the date safted above, A 6 30 2m.
77	6372	day,hrs. r min.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	None		Chromethyotordiles 1933
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and			
1D. Date deceased last worked et this occupation (month and year)	11. Total time (spent in occupation	this	
12. BIRTHPLACE (city or town) (State or country) Baltimore Co.Md.			Other Contributory Causes of importance:
H 13. NAME Joshua Amb 14. BIRTHPLACE (city or town) (State or country) Baltim	ore Co.	Mdl .	Name of operation April Date of Date of
H 15. MAIOEN NAME Elizabeth			What test confirmed diagnosis? Was there an autopsy 440
16. BIRTHPLACE (city or town) (State or country) Baltimore Co.Md.			Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Edmund T. Bryan			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Old Harford Road. 18. BURIAL, CREMATION, DR REMOVAL			Menner of Injury
Place Loudon Park Date July 18 to 34			Nature of injury
19. UNDERTAKER 2700 Edmonds on Ave			24. Was diseese or injury in eny way related to occupation of deceased?
20. FILED July 18 1934 W. 10. Bythe			If so, specify (Signed) M. D.
If more blan		Registrar.	(Address) Hordord M. C. Chelles Caryl
If more brane	o are necueu, agare	State Kegistrar,	2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

MODELL

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	• 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

. . . .

STATE OF	F MARYLAND-	CERTIFICATE OF DEATH	6851
1. PLACE OF DEATH	-	93·C	
County Oalumore		Registration Dist. No. 4	
Village or City Ballimore	Highlands	No. St.,	Ward
Length of residance in city or town where day	th occurredyrsmo	If death occurred in a horpital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsm	number)
2. FULL NAME Mary	E. Burger		
(a) Residence: No. 2 Clarate	o Arc.	St., Ward.	
PERSONAL AND CTATIONS	(Usual place of abode)	If nonresident give city or town and	l State
3. SEX 4. COLOR OR, RACE 5		MEDICAL CERTIFICATE OF DEATH	
Female & hate 5a. If married, widowad, or divorced	OR DIVORCED (write tha word)	21. DATE OF DEATH 7/20/34 (Month) (Day)	., 193(Year)
HUSBAND of (or) WIFE of Jacob B.	Burger	22. 1 HEREBY CERTIFY, That I attended 7/10/13/4 to 7/20/34	decaased from
6. DATE OF BIRTH (month, day, and year) Just	y 8, 1853	I last saw h. sal alive on 7/20/34, 19	.; death is said
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, att	
8. Trade, profession, or particular kind of work done, as SPINNER,	1.		Date of onset
SAWYER, BDDKKEEPER, etc.	ousewiji	at. Selvan	7
work was done, as SILK MILL, SAW MILL, BANK, etc	U	Chronic myramulais Duration, una	1 m
ID. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	known Cwg 67.	*
12. BIRTHPLACE (city or town) Ball (State or country)	to.	Dthar Contributory Causes of Importance:	-
	2.0		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Prown	Name of operation	
		What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Know:	23. If death was due to external causas (VIOLENCE) fill in also the following Accident, suicide, or homicida?	
17. INFORMANT Marie 7. 7 (Address) Hings for	est Hills	(Specify city or town, county and State Specify whethar injury occurred in INDUSTRY, In HDME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, DR REMOVAL Place Tulindship Colon.	Data July 23 1924	Mannar of injury	
19. UNDERTAKER Mrs. 6. Affilia (Addiess) I 3 34 gelling	Les Jan	24. Was disaase or injury In any way ralated to occupation of deceased?	
20. FILE JULY 2/ , 19 30 8	1 Kieffen	(Signed) Sermont, Terry (Address) 910 W. L. and David	M. D.
If more blan	iks are needed, address Stole Registrar,	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.	

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	B.V.B	Var		
Other contributory causes of importance:	BOOK C	Other conditutory causes of importance:		
Gollstones	May 1,1923	Gas. Poenteriti	1 year	
. [0	GIATO	OM		

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH						23	
1	County Baltimore					Mt. Wilson Branch, Md.	
1	Village or City	Mount 1	Wilso	on		Mt, Wilson Branch, Md. NoTuberculosis Sanetorium St., death occurred in a hospital or institution, give its NAME instead of street an	War
1	Length ol reside	nce in city or town	where deatl	h occurred	O yrs 9 mos	r dealh occurred in a hospital or institution, give its NAME instead of street and the street an	d number) _mosd
2	2. FULL NAM (a) Residence	E Alfre		Butt	ау	St., Ward. Baltimore, Marylan	nd.
	PERSONA	L AND STAT	TISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 8	Male	White			RIED, WIDOWED. O (write the word)	21. DATE OF DEATH July 8th,	, 193 4
5a.	If married, widowad					(Month) (Day)	(Year)
	(or) WIFE ol	Single				22. I HEREBY CERTIFY, That I attended	ed deceesed fro
			Anni	1 3 a+	. 1917	September 24, 1933 to July 8th Ilast saw h im aliva on July 8th, 1936	
7. A	OATE OF BIRTH (m	onth, day, end year) Mont		Days	If LESS then	to have occurred on the dete stated above, at 5: 52A.m.	death is sa
	17	3		7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
NO	8. Trede, profession kind of wor	on, or particular k dona, as SPINNE	R, 90	chool			
ATI	9. Industry or bu	siness in which				Pulmonary Tuberculosis	Nov.
OCCUPATION	work was d	one, as SILK MILL, BANK, etc	30	chool			1932
000	10. Date deceased this occupat year)	last worked at ion (month and		11. Totel tip span occu	me (years) t In this pation		
12.	BIRTHPLACE (city		ltimo			Other Contributory Couses of Importance;	
_	(Stata or country		rylar	1d		None	
ER	13. NAME JOY	in S. Bu	tt				
FATH	14. BIRTHPLACE (d		altin			Name of operation No Operation Data of	
	(State or co		aryla			Whet test confirmed diagnosis? X-Ray, and Wasthere al	n au'opsy? No
HH.	15. MAIDEN NAME		rewo]			ubercle bacilli were found in 23. 11 death was due to axternal causes (VIOLENCE) fill in also the follow	1 sputt
MOTHER	16. BIRTHPLACE (c	ity of town janear	altin			Accident, suicide, or homicide? Data of Injury	
2	(State or co	ountry) Ma	aryla	and		Where did Injury occur?	
17.	17. INFORMANT Louis R. Schuerholz (Address) Mt. Wilson, Maryland				nd	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC I	tale) PLACE.
18.	18. BURIAL, CREMATION, OR REMOVAL Output Date fully 1 1934				11 1934	Manner ol injury	
VE	Janes Janes			3 11	1	Neture of Injury	No
19.	UNDERTAKER (Address)	Louis,	d Ja	my	-A	24. Was diseesa or injury in any way related to occupation of deceased?	No
	(//////////////////////////////////////	1505/10	no	106	Thu.	Il so, specily	0
20.	FILED/Wey 9	193 40		V.E.	Registrar.	(Signed) To use C. Survey	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.-WRITE PLAINLY,

ż

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
13			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

OCCUPA.

Jo

ment

certificate.

back

Every item of infor-

(Address)

PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

	Registration	Dist. No. 33	}
No.		St.	Ward
No.	tion, give its NAN	E instead of street as	nd number)
ds. How long in U.S. if o	of foreign birth?	угз	_mosds
the			
Ca Mand			
St.,Ward.	If nonresiden	t give city or town	and State
MEDICAL C		E OF DEATH	
1. DATE OF DEATH	1		
MHH 8 8 8 8 9 9 9 11 10 9 7 - 1 0 0	(Month)		, 193 (Year)
	(Month)	(Day)	(Year)
2. 1 HEREBY	CERTIF	Y. That I attend	led deceased from
25	, 19.3.4, to	Jue 7	193.
I last saw her alive on	Jue 7	19-3	.; death is said
to have occurred on the date state	ed above, at 8	0 "	
The PRINCIPAL CAUSE OF DEAT		ses of importance	
were as follows:			Data of onset
Healen	./		
1 The Com			Sound
			holdy
Other Contributary Causes of impo	ortance:		
Supe B.	0 1	-K	
2-7-	une C	مسا	
Neme of operation	<	Date o	f
What test confirmed diagnosis?	1	Was there	en autopsy?
3. If death was due to external car		fill in also the follow	ving:
Accident, suicide, or homicide?		Date of injury	19
Where did injury occur?			
Specify whether Injury occurred in	(Specify city o	r town, county and	State)
Specify whether injury occurred in	ii industri, in h	OME, OF IN PUBLIC	PLAUE.
Managed Jalum.			
Manner of Injury			
Nature of injury			0
4. Was disease or Injury In any w	ay related to occu	pation of deceased?	he
If so, specify	7)	
(Signed)	Court -	ne	Zue M. I
	40		(12

Registrar.

If LESS then

I day, hrs.

or min.

occupation ...

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
MUREAUAVAS	i i		
Other contributory causes of importance:		Other contributory causes of importance:	1.14
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 8

STATE OF MARYLAND-	CERTIFICATE OF DEATH 06854
1. PLACE OF DEATH	
County Balla	Registration Dist. No. 30
Village or City Colonnelle hund	No. Ohel - Home St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,tmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jacob Cohen	
(a) Residence: No. 1 20 n Carey Cl	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male while or Divorce the word)	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Lo ara	22. I HEREBY CERTIFY, That I attended dacassed from
1.1	1934, to 18, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw have alive on 19.7 4; death is said
1 day hrs.	to have occurred on the date stated 6bove, at 1.1.1.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Share, buches	744
9. Industry or business in which	Brown Lemon: cerebello-pontine
work was done, as SILK MILL, SAW MILL, BANK, etc.	malignant tumore Casected may
	1 2 To securation I amenoun . Curling
year) occupation and the	Othar Contributory Causes of Importanca;
12. BIRTHPLACE (city or town)	Brain Term o rem ruel
(State or country)	- Sugetofitel Feb 9:
E 13. NAME SOR ULL.	
14. BIRTHPLACE (city or town)	Nama of operation Remove Brandewoodte of Feb 19:
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME A K	Accident, suicide, or homicide?Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT hus 9/me Color St. (Address) 20 h Care St.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Rosedale Date 1-19 1934	- Nature of injury
19. UNDERTAKER Jack Lewis Inc	24. Was disease or injury in any way related to occupation of deceased?
(Address) / 1427 & Balls U	If so, specify
20. FILED LUD 18 1974 march 00 B 457al	(Signed) Marshall B West M.D.
Registrar.	(Address) Calonnelle Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

FOR

RESERVED

RGIN

S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
		ADVEROR	

	CERTIFICATE OF DEATH U6856
1. PLACE OF DEATH County Sactionere	Registration Dist. No. 37
Village or City Curherville,	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mary Catherine Cro	well
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF PEATH 31 193
5e. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I Yast saw h alive on fiele 3! , 1907; deeth is seld
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated above, et. 2.50 fm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or perticular	water as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Pertonia. 6/25/3
9.1 industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Curber will (State or country) Gullinge Co The	Origin Coutributory Causes of importance: The state of importance: The state of importance:
13. NAME Ateman Elleworth Com	ell
13. NAME News Church Condition (State or country)	Name of operation Date of Was there an autonsy?
15. MAIDEN NAME Walle Goles	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Vinginia (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Stewart 6. Crowell (Address) 4 . Margaret	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Saters lan Date august, 1934	Manner of injury
19. UNDERTAKER John Burns Sons	24. Was disease or injury in any way related to occupation of deceased?
20. FILED ang / 1934 William & Chiles at Registrar.	(Signed) Dennet a. Storm M. D. (Address) Lanharman M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	57
1. PLACE OF DEATH	93-2	01,
County Nathan ov	Registration Dist, No.	
Village Dr City Woodlaum	No. 100 Inglewood In st.	_Ward
Length of residence in city or town where death occurred 59 yrs	death occurred in a hospital or stitution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?	ds.
VA X , 1720.	toni	
2. FULL NAME CAN SOME	C4 Ward	
(a) Residence: No. 100 July (Qual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLON OR RACE 5. SINGLE, MARRIED, WIDOWED. ON DIVORCED ("write the word)	21. DATE OF DEATH	ear)
5a. If married, widowed, or divorced HUSBAND ol	22 LHEBERY CERTIES The Latertal from	d farm
HUSBAND of Starther ine D. "Antoni	22. HEREBY CERTIFY, That I attended decease May 17 1934 to July 7 19	24
6. DATE OF BIRTH (month, day, and year) way 2. 18 44		is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 3 & 2 Am.	
90 2 3 I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	· · · · · ·
8 Trade profession or particular	Date	ofonset
SAWYER, BOOKKEEPER, etc.	Myo corrho	3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 20 4 Ear S		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10: Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation		
C · · ·	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Slate or country)	Roley Seleman	
13. NAME & Andrew Do Antoni	and ourses	\$
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autopsy?	7
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19)
State or duntry	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT WAS JOHN NEW SHIP	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 100		
Place Nordlaum Datule 94 1934	Manner of injury	
Marie Long	Nature of injury)
19. UNDERTAKER (Address) 1 2 1 7 SX Caral	24. Was disease or injury in any way related to occupation of deceased?	
hile 2. 34 hn n. 19. 11.	(Signed) & Elw Dallott	M. D.
2D. FILED TO Registrar.	(Address) 2026 Enlaw P	e
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis ,	3 doys ago
BUREAU V. S-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrőenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06858
1. PLACE OF DEATH	(8)
County Galtimore	Registration Dist. No. 40
Village or City Glen arm	No. Copper Factory Coads, Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foralge birth? yrs. mos. ds.
2. FULL NAME Frederick To De Ba	ang h.
(a) Residence; No. Jokker Fractory Road	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Orn WIFE of Drima J. Se Baugh	22. I HEREBY (ZERTIFY, That I attended deceased from 1933, to 7/25 1935
6. DATE OF BIRTH (month, day, and year) Narch 22nd 01869	I last saw h the on 7 / 2 57 , 19 & C death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
63 4 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Farmer SAWYER, BODKKEPER, etc	Myelowatacia
A SAWYER, BODKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc 10. Date decesed last worked et into control this occupation (month and specific property).	
10. Date decessed last worked et this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Balty . Og. (State or country)	Other Contributory Causes of Importance:
I 13. NAME august De Bauch	
13. NAME CUGAST Se Caugh 14. BIRTHPLACE city or town) V mbrown (State of country) Flynnamy,	Name of operation
I 15. MAIDEN NAME COMA CONSINA	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Express of Section 17. (Address) Hen Organ	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL CONTEST DATE July 28, 1934	Manner of injury
19. UNDERTAKER Frederick Stranger Trad	24. Wes disease or injury in any way related to occupation of deceased? 240.
20. FILED 7/2) 394 Mally M Framewood Registrar.	(Signed) (Address) 15-103 Harfing M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
And 3 1101			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAN	D-CERTIFIC	ATE	OF	DEATH
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06859

I. PLACE OF DEATH		(47)		
County Ballo	los	Registra	tion Dist. No. 33	
Village or City Alexa	doy mg.	No.	St.,	Ward
Length of residence In city or town where		death occurred in a hospital or institution, give its Nds. How long in U.S. if of foreign birth		
2. FULL NAME Jula	Keckett	Eldelin Ede	Pos	
(a) Residence: No. Oslen	du ma	St., Ward.		
	(Usual place of abode)		ident give city or town an	id State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICA	ATE OF DEATH	
Hence Color or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2018): the word)	21. DATE OF DEATH	2 (0ay)	, 193 (Yéar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellsu	with Edeler	22. I HEREBY CERT	I F.Y. That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year)	Fel 24-188	Chast saw he t alive on John	1934	; death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above at	3. Pm.	
4814	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related were as follows:	causes of Importance	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lunewfx	Larcons of	Lung	afout
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				14tkg
10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	V		
12. BIRTHPLACE (city or town)	md.	Other Contributory Caused of Importance:		
13. NAME	Know			
13. NAME 14. BIRTHPLACE (city or town)	mel	Name of operation.	Date of	
		What test confirmed diagnosis?	Was there an	6 Z Z
2014	- Comment	23. If death was dua to external causes (VIOLEN		
E (State or country)	4	Accident, suicide, or homicide?	Date of Injury	, 19
17. INFORMANT Linguing	Edeler		ty or town, county and Str in HOME, or in PUBLIC P	ate) LACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	ndon My	Manner of injury		
Placa No Milletour	4 Dato July 5, 1937	Nature of Injury		
19. UNDERTAKER A CANALON (Addiess)	Eastan.	24. Was disease or Injury in any way related to o	ecupation of deceased?	
20. FILED 2 - 4 2 4	19-11-De de Registrar.	(Signed) Resident	form, had	
If more		2411 N. Charles Street, Baltimore, Requesting U. S.	No z	
		- i - i - i - i - i - i - i - i - i - i		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Pure ver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perjonitis	3 days ago
	(\$),		
Other contributory causes of importance:		Other contributory causes of importance:	M. A. I.
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AIG 6 1934			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
Gausiones	May 1,1925	Castroenterus	1 year
	1 1		

/	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Three mouse	mendring car of indingles Dine lost control en	
H 12 1/1	various Roald - Can Luned over and Killed yours	-
Mu Broke	on - no one saw it - The car struck wather	-
rawarase	on " no one was it - the car struck walling !	_
		_

should state of OCCUPA-

V. S. No. 1 N. B.

STATE C)F	MARYLAND—CERTIFICATE OF DEATH	

1		1	-	10	- 4
- 1	7	Pa	10	G	- 1
1	y	13	()	V	.Д

1. PLACE OF DEATH	(93-6)
County Sallinore	Registration Dist, No. 30
Village or City alousuill	No. 100 Farrest Drive. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Colmer Eitze	
(a) Residence: No. 100 Farrest Ording.	St., L Ward.
(Úsual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR) RACE 5. SINGLE, MARRIED, WIOOWED, OR D. VORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
e. If married, widowed, or divorces Mary & Etze	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and yeer) Det - 22 _ 8/88 8	I light saw have alive on the first said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.40 A.m.
1 2 1 day,hrs	were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Oate of onset
SAWYER, BUUNNEEPER, etc.	allerso Velerous
work was done, as SILK MILL, I A COAL VIND	Thyo carditis 6.52
SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this year)	
m o	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	Coronary Throm bose 2 da
13. NAME Willesin Eitze	
14. BIRTHPLACE (city or town)	Name of operation Dete of Dete of
(State optountry) /// any land	What test confirmed diagnosis? Lew Truws there at au opsy? A
15. MAIDEN NAME Aristinia/Morsberge	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME A STATULA Morsberge 16. BIRTHPLACE (city or town) Mary livered (State or country)	Accident, suicide, or homicide?
7. INFORMANT Mrs. Mary E. Eitze	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR, REMOVAL	
Piece Dulaw lack Date July 6, 1934	Manner of injury
9. UNDERTAKER Sestion Soup	24. Was disease or injury in any way related to occupation of deceased? Ro
(Address)/ Elle off Cely	If so, specify
0, FILED / 6 , 193 W. Toldindu	(Signed) Much novill M. I
Bel Tregustrat.	(Addross)

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Example I	and the same	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAUVS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

0	STATE OF MARYLAND	CERTIFICATE OF DEATH	THE REAL PROPERTY.
(M	Village or City Baltemore Councelie	Registration Dist. No. 38	Var.
2	Length of residence in city or town where death occurred 5 yrs. mos. 2. FULL NAME 11 45tle Q Ellens	death occurred in a horpital or institution, give its NAME instead of street and to ds. How long in U.S. If of foreign birth?	
	/ (Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
2	SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 / (Year)
a.	If married, widowed, or diverced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended 1978 to July	deceased from
	DATE OF BIRTH (month, day, and year) Cug 2 - 1892 AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 10:30 A-4. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is sai
OCCUPATION	kind of work done, as SPINNER, Novelly Shop SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and 5 mo spant in this occupation)	Carcin omatous: (cancer of lott brusts - metas tahus in loner - chipt- iti] Egn
2.	BIRTHPLACE (city or town) Walhalo M.D. (State or country)	Other Coutributory Causes of Importança: 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	June
FATHER	13. NAME John J Ellensen 14. BIRTHPLACE (city or town) Lainhault Minn (State or country)	Nama of operation	outopsy?
MOIHER	15. MAIDEN NAME Carrie & Pangels 16. BIRTHPLACE (city or town) Burgen Horway (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicida, or homicide?	, 19
	INFORMANT Elmer Ellersen (Address) 617 annualie P Jovens	(Specify city or town, county and Stan Spacify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	e) ACE.
18.	Place Pres byterian bate July 5, 1934	Manner of Injury	
19.	UNDERTAKER Jowell & Byers (Address) 2824 Edmondson aul	24. Was disease or injury in any way related to occupation of deceased?	ris
3 .	FILED JOS Finding Villiages Party of	(Signed) Louis C. Munulin (Address) 7 V V. (Cenwor	dut
	If more blanks are needed, address/State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	of importance were as follows:	
1915	Attack of epitepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1	Other contributory causes of importance	
4	omer contributory causes or importance.	
May 1,1923	Gastroenteritis	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

OCCUPATION

MOTHER FATHER

20. 1

STATE OF MAR	YLAND-	CERTIFICATE OF DEATH	6963
1. PLACE OF DEATH		93-2	0000
County 12 alto more	** * * * * * * * * * * * * * * * * * *	Registration Dist. No. 4	3
Village or City 100000	~~~~~~~~	NoSt	Ward
Length of residence in city or town where death occurred	yrs, 3 mos	f death occurred in a horpital or institution, give its NAME instead of street an s	d number) .mosds.
(a) Residence: No. The Acres, Inchia (Usual place	Pa. of abode)	St., Ward. Media Pa	and State
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
mode White OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 193.4/ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY That I attende	
6. DATE OF BIRTH (month, day, and year) hay 10 th 18	72	I last saw h 12 alive on Jely 14 193	, 19.3 4 4; daath is said
7. AGE Years Months Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8 Trade protection or posticular	ormin.	Chrose Ingoensiter with	Date of onset
kind of work done, as SPINNER, Hattie Sturist SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked at Still Games 11. Total tit		erdias vecompusation	2 4 000
1D. Date dacaased last worked at Still Game 211. Total to this occupation (month and year) and the sper year)	me (years)		
12. BIRTHPLACE (city or town) The Acres, Inchia	Pa.	Other Contributory Causes of Importance:	
13. NAME & Edward Forner			
13. NAME Count Forner 14. BIRTHPLACE (city or town) and nown (State or country)		Name of operation Data of	
15. MAIDEN NAME Chaga Leipen Smith			autopsy? No
16. BIRTHPLACE (city or town) Allowon Co. (State or country) PEnneylog we		23. If daath was due to external causes (VIDLENCE) fill in also the foliowi	
17. INFORMANT Stigents S. Dalmy (Addrass) Rux to med		Where did Injury occur? (Specify city or town, county and Signify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC F	ate) LACE.
18. BURIAL, CREMATION, OR RÉMOVAL Par Date Jule	16,1934	Manner of injury	00070-0000440
19. UNDERTAKER ROCKING THE CHARLES MC CHARLES TO CHARLES	is Soul	24. Was disaasa or injury in any way related to occupation of daceased?	20
20. FILED 1 / 1937 J. Q. 7/1	Charles Kesistrar.	(Signed)	
If more blanks are needed, as	ddress State Registrar,	2411 N. Chatles Street, Balsimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

Everale I

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Maria de la companya			

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH Jo plnods County Registration Dist No. No Spring Trovo Hospit Stl.

(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred RECORD. Every mos 16 ds How long in U.S. if of foreign birth? vrs. mos ds. tatement PHYSICIAN (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFY 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED 21. DATE OF DEATH OR DIVORCED (qurite the word) (Wonth) BINDING 5a. II married widowed or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 12 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at ... 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of opent 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION RESERVED of SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, back may pluods SAW MILL. BANK, etc 10. Date deceased last worked et 11. Total time (years) no this occupation (month and spent in this that occupation 10 year) 12 0 0 instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) RGIN (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain Name of operation. (State or country) efully What test confirmed diagnosis?_ ----- Was there an autopsy?-HER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT car Accident, suicide, or homicide?_____ Date of injury_____ 19 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT very OF Manner of injury WRITE AUSE mation TION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? V. S. No. 1 If so, specify M Registrar. (Address) _

State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			190 (c=4)
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroeniteritis	1 year

1. PLACE OF DEATH County Dad two of Village acity of town where death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06860
Village a City Undiple City Undiple City Undiple Country Langth of residence in city or town where death occurred yes, mos. 3s. How long in U.S. If of foreign birth? 2. FULL NAME (a) Residence: No. 50.0 (Cloud place of abodo) (Cloud place	1. PLACE OF DEATH	
Length of residence in city or town where death occurred yes. Length of residence in city or town where death occurred yes. S. How long in U. S. If of foreign birth? Yes	County Baltunor	Registration Dist. No. 30
2. FULL NAME Marie A College of Abobb Control St. (a) Residence: No. 807 Well aplace of Abobb Control St. (b) Residence: No. 807 Well aplace of Abobb Control St. (c) Usual place of Abobb Control St. (c) Usual place of Abobb Control St. (d) Residence: No. 807 Well aplace of Abobb Control St. (d) Residence: No. 807 Well aplace of Abobb Control St. (d) Residence: No. 807 Well aplace of Abobb Control St. (d) Residence: No. 807 Well aplace of Abobb Control St. (d) Residence: No. 807 Well aplace of Abobb Control St. (d) Residence: No. 807 Well aplace of Abobb Control St. (d) Residence: No. 807 Well aplace of Abobb Control St. (d) Residence: No. 807 Well aplace of Abobb Control St. (e) Note of Control St. (e) Note of Control St. (e) Note of No. 807 Well aplace of Abobb Control St. (e) Note of No. 807 Well aplace of No. 807 Well a	(If	death occurred in a hospital or institution, ave its NAME instead of street and number)
(a) Residence: No. SO. (Usas) accounts PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WINDWED, OR DLYORGED (uge the word) Sa. It married, widowed, or divorced (vo) ville of (vo) ville of S. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, d	0 0 70 1	now long in U.S. If of foreign birth?yrsmosds.
Clusial piece of shocked Clusial piece of sh	16.5	ty all
3. SEX 4. COLOR OR RACE PROMISSAND of Control Worked Control Wor	(Usual place of abode)	
OR DIVORCED (cyc the word) 50. If partied, vidowed, or divorced HUSBAID (cyc) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Moths Days If LESS than 1 have occurred on the date stated above, at 19.3 feeth is seld to have occurred on the date stated above, at 3 feeth is seld to have occurred on		MEDICAL CERTIFICATE OF DEATH
##SBARN of (cr) Wife of (cr) wi	Female WRIGE OR DIVORCED (wind the word)	July 10 , 193 4
6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER SIMULL BANK, etc. 10. Date of was done, as SSIK MILL. SAW MILL. BANK, etc. 10. Date deceased last worked at well excessed las	HUSBAND of	22. O I HEREBY CERTIFY, That I ettended deceased from
7. AGE Years Months Days If LESS than 1 day,	cape	Lelly 5,1934, to July 10, 1934
S. Trade, profession, or particular were as follows: S. Trade, profession, or particular wind of work done, as SPINNER, SWINTER, BORKEFER, etc. S. Industry or business in which was done, as SSIN MILL, And SWINTER, BORKEFER, etc. SWINTER		I last saw h 2 alive on 193 4 death is seid
8. Trade, profession, or particular kind of work done as SPINNER. SAWYER, BOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) spent in this occupation of deceased last worked at this occupation of deceased last work done as SIN MILL. 12. BIRTHPLACE (city or town) spent in this occupation of deceased last work done as SIN MILL. As we shall spent in this occupation of deceased last work was due to external causes (VIDLENCE) fill in also the following: 15. MAIDEN NAME 15. BIRTHPLACE (city or town) spent in this occupation of deceased? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury Neture of injury In any wey related to occupation of deceased? 24. Was disease or injury In any wey related to occupation of deceased? 25. FilleD. 17. FILED. 18. BURTHPLACE (city or town) spent in this occupation of deceased? 26. Was disease or injury In any wey related to occupation of deceased? 27. Was disease or injury In any wey related to occupation of deceased? 28. Was disease or injury In any wey related to occupation of deceased? 29. FilleD. 20. FILED.		
S. Frade, profession, or particular S. Mark of work done, as S. PINNER, S. MILL, A. M.	62 0 10 ormin.	ware as follows:
Solution	8. Trade, profession, or particular kind of work done, as SPINNER,	Date vi onev
SAW MILL, BANK, etc. 11. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAP Place Date D	SATTER, DUNNELFER, BIG.	0 10
11. Dia date deceased last worked at this occupation (mpth and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAT Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 11. Total time (years) specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 17. INFORMANT (Address) 20. FILED 18. SURIAL, CREMATION, OR REMOVAT Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 11. STPANIANT (Address) 12. STREAM (Address) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 26. BIRTHPLACE (city or town) (State or country) 27. Whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 28. Was disease or injury In any wey related to occupation of deceased? 29. FILED 19. UNDERTAKER (Address)	Dog CAW MILL DAMY of	Carcinona of ontextue 3 da
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town)	O 10. Date deceased last worked at 11. Total time (years)	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMDVAP Place Address 18. BURIAL, CREMATION, OR REMDVAP Place Address 18. BURIAL, CREMATION, OR REMDVAP Place Address 19. UNDERTAKER 19. UN		Other Coutributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMDVAP Place 19. UNDERTAKER (Address) 20. FILED 19. UNDERTAKER (Address) 20. FILED 10. Name of operation. National State operation of operat		000
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAY Place Catterian 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. INFORMANT (Address) 22. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of Injury 19. UNDERTAKER 19. The first of the state		purcerinal Obstruction the
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAY Place Catterian 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. INFORMANT (Address) 22. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of Injury 19. UNDERTAKER 19. The first of the state	IS. NAWE Jus. Flakery	
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17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Catterina Date July 13, 1937 19. UNDERTAKER Marker Date July 14, 1937 20. FILED Marker Registrar. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Neture of Injury 24. Was disease or injury In any wey related to occupation of deceased? (Signed) M. D. (Address) (Address) (Address) (Address) (Address) (Address)	(State of country)	
18. BURIAL, CREMATION, OR REMOVAN Place Sathedra Date July 13, 1934 Neture of Injury 19. UNDERTAKER Marking Takes To The Company of the Co		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Cathedral Date July 13, 1934 19. UNDERTAKER Marking Takes 17 1, 1934 (Address) 8279, 1934 20. FILED 193 Registrar. (Address) (Addre		
19. UNDERTAKER Marking Tahasy X. January 24. Was disease or injury In any wey related to occupation of deceased? 10. 20. FILED 7/19. 19.3 All Land Registrar. (Address) (Addre	000 1111 0 12 -11	
20. FILED 7/19, 19.3 All Lesser Registrar. (Address) Address Advanced Address (Address) Advanced Address (Address) Advanced Address (Address)	2 + 2 /	0/-
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V. S. No. 1

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Example I	7	Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
4			
Other contributory causes of apport te:	-	Other contributory causes of importance:	
Gallstones	May.1,4923	Gastroenteritis	1 year
- 0/	,		

St.,..

Length of residence In city or town where deeth offcurred	ds How long in U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Oay) (Year)
arried, widowed, or divorced SBAND of John ambroz Fleishel	22. I HEREBY CERTIFY That Jattended deceased from
OF BIRTH (month, day, and year) Mch 15-1856	Mast saw has alive on 18 18 1932; death is said
Years Months Days If LESS than	to have occurred on the date stated above, at 14. m.
78 4 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end felated causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	My Condial charff. June 1
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Myo cardial Degeneration 1919
Oate deceased last worked at this occupation (month and yeer) - 1919 occupation occupation	officer de de la 1911
THPLACE (city or town) chesterfield &.	Other Contributory Causes of importence: Orthoris Deforman 1904
(Stete or country)	Sembty 1920
NAME Littleberry Bowen	
BIRTHPLACE (city or town) I fill of eld &	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis? Was there en au'opsy? Was there en au'opsy?
MAIDEN NAME Elizabeth Frances Cheating	123-If death was due to external causes (VIOL ENCE) fill in also the following:
BIRTHPLACE (city or town) bester do 6	Accident, suicide, or homicide?, 19, 19,
(State or country)	Where did injury occur? (Specify city or town, county and State)
ORMANT ANDIS and Vingeria Zofella	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
IAL, CREMATION, OR REMOVAL	Manuer of Injury
Place London Park Date July 21, 19.14	Nature of Injury.
PERTAKER John F. Denny (Address) 715 Light Sta	24. Was disease or Injury In eny way related to occupation of deceased?
Dely 19, 19 3.4 Ne Vietter	(Signed) Allerand augh M.
Registrar.	(Address) 2
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

BINDING

RESERVED

V. S. No. 1

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	RURTHER	STATEMENTS	RY	PHYSICI	W

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AUG 8 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (OF MARTLAND	CERTIFICATE	OF DEF	VIH	
County Dal fun		73-6		Diet No 3	
	10	14. 10	Registration	Dist. No.	<u> </u>
Village of City Cocto	mence	No. Of the last of institution institution in a hospital or institu	tion, give its NAM	E intread of street a	nd number)
Length of residence in city or town where	death occurred / Syrsmos	ds. How long in U.S. if o	f foreign birth?	yrs	mosd
2. FULL NAME Bade	· Trank Ois				
(a) Residence: No. 3418	800-100 -1 (1)	Det Ward Ha	melt	71	
(a) Mosiacino. No.	(Usual place of abode)	Vot.,Wald.	If nonresident	give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	1
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH	0.	26	
Temple Waite	widowed		(Month)	(Day)	(Year)
a. If marriad, widowad, or divorcad HUSBAND of		22. O I HEREBY	CERTIE	V. That I attend	lad decreased from
(or) WIFE of lenking	ww	Jan 30		In Pr	9 0 19 3 C
5. DATE OF BIRTH (month, day, and year)	12.214 1865	lest sew here elive on	ailes?	2 9 19 7	death is seid
. AGE Years Months	Days If LESS than	to have occurred on the date state	d ebova, at	52 m.	
69 1	28 1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	'H and reletad caus	as of importance	100
8. Trade, profession, or particular kind of work done as SPINNER		21 27		1 1	Date of enset
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc.	mseurge	Chr. Myo	Card	tion	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	15 0000				
10. Date daceasad jast worked at	11 Total time (years)	tally deg	enera	trem	16m
this occupation (month and year)	11. Total time (yaars) spent in this occupation 30 MA	hear	1-		
10.0	10/2	Other Contributary Causes of impo	rtanca:		
12. BIRTHPLACE (city or town)	a Silver	0 101	7-17		
		CAPARO -S	cero	als	6 mg
	2				
(State or country)	0 - 1	Name of operation		Data of	
	10	What tast confirmed diegnosis?			
15. MAIDEN NAME SIGNATURE 16. BIRTHPLACE (city or town)	nea	23. if death was due to external cau			
16. BIRTHPLACE (city or town) (Stata or country)	0 -	Accident, suicide, or homicide?		Date of injury	, 19
M - a	201	Whare did injury occur?	(Specify city or	town, county and S	State)
7. INFORMANT 199 10 00 00 (Addrass) 3418 000	y mars Eve	Specify whether injury occurred in	INDUSTRY, in HO	ME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL / Houge elter		Mennar of injury			
Place of from Country	Date			*************	
19. UNDERTAKER SIGHEN	eliffication	24. Was disaasa or injury In any w	ey raiatad to occup	ation of dacaased?	Ho.
(Address)	1600/	If so, spacify	0)	
20. FILED 7/30 , 1954 A	Megles Registrar.	(Signed) (Address)	Ja	nelt	90. A
	blanks are needed, address State Registrar,	(Addrass)	CHONE	orko.	ma

V. S. No. 1

MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY. PHYSICIANS should state FFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

of OCCUPA.

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

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TION is very important. See instructions on back of certificate.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNDAN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

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Statement of occupation.—Precise statement of occupation is very important, so that the matice healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 tears of over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully approved may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in tome a service for wages, however, designate the occupation by the appropriate terms, as servant—private family, ook house etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.-The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "fore," factory, all," ctc. Stat the particular kind of store, factory, mill, etc., as grocery store, soap factory, contournill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

-WRITE PLAINLY, WITH TNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
VENT RECORD	TLY. PHYS	fied. Exact sta	/
IS A PERMAN	stated EXA(properly classi	certificate.
NG INK-THIS	AGE should be	that it may be	ions on back of
WITH CNFADI	fully supplied.	n plain terms, so	it. See instruct
WRITE PLAINLY,	ation should be care	AUSE OF DEATH :	FION is very important. See instructions on back of certificate.

Langth of residance in city of town where death occurred J ys. mos. 2. FULL NAME (a) Residence: No. (Unsulphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. DATE OF BIRTH (month, day, and yaar) OR DIVORCED (write the word) 5. Trads, profession, or particular sind of work done, as SFINNER, some as a follows: 8. Trads, profession, or particular sind of work done, as SFINNER, some as a follows: 9. STRING, BONKEPER, etc. 9. SAWAIL, BANK, etc. 10. SAWAIL, BANK, etc. 11. Total time (years) speal in this occupation and many pass) 12. BIRTHPLACE (city or town) 13. MANE 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. SAWAIL, SERMATION, DR REQUISIT. 19. BURIAL, CREMATION, DR REQUISIT. 19. BURIAL, CREMATION, DR REQUISIT. 19. UNDERTAKER (Address) 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decasted? 19. UNDERTAKER (Address) 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decasted? 19. UNDERTAKER (Address) 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decasted? 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decasted? 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decasted? 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decasted? 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decasted? 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decasted? 19. UNDERTAKER (Address)	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Length of residence in city or flown where deeth occurred 7 yrs nos. 2. FULL NAME (a) Residence: No. (bust place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) BICKEL RARRED HOWDOND (c) Wife of the BIRTH (month, day, and years) (c) Wife of the BIRTH (month, day, and years) (d) Residence: Vaers (e) Residence: No. (b) Ward If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (b) DATE OF BIRTH (month, day, and years) (c) Wife of the BIRTH (month, day, and years) (c) Ward 1 Last aw heart all wive on the world of the state of the billion of the ware as follows: (a) Residence: No. (b) Ward If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 22. (b) HE REE OF BEATH (b) DATE OF BEATH (b) DATE OF BEATH (b) DATE OF BIRTH (month, day, and years) (c) Ward (c) Wa	0 14	0687
Village or City Length of residance in city or flown where death occurred 7 yrs	County & alta	Registration Dist. No. 33
Length of residence in city of from where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. how long in U.S. if of foreign birth? yrs. mos. ds. how long in U.S. if of foreign birth? yrs. mos. ds. how long in U.S. if of foreign birth? yrs. mos. ds. how long in U.S. if of foreign birth? yrs. mos. ds. how long in U.S. if of foreign birth? yrs. how lo	Village or City Tomas Mid	AL .
(a) Residence: No. (Unsulphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OS BYOREE (write the word) 3. If marriad, widowed, or dispreed (or) Wife of Color of the co		death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERSITY OF DEATH OR	2. FULL NAME Jaura L. Dill	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (crinc the word) St. If married, widowed, or dispreed (N) hirt of Country S. ACE Years Mounts Days 11 LESS than 11 day,		
21. DATE OF DEATH Windowed, or diggreed Win		
5. If married, widowed, or dispreed HUSBAND of (Gr) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 22. 1 I HERES YCERTIFY That) altanded paceased for (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred on the data pristed above, at July (adath is so to have occurred (bary of the mine of the pristed above, at July (adath is so to have occurred (bary	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
TACE Years Months Days I Less than I day. Its SAVYER, BODKKEEPER, etc. 9. Industry or business in which Work was done, as SPINNER, SAVYER, BODKKEEPER, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT INFORMANT	5a. If marriad, widowed, or disgreed HUSBAND of Cor) WIFE of Clinton Fill	22. I HEREBY CERTIFY That attanded deceased from
7. AGE Vears Month's Days II LESS than 1 day,	6. DATE OF BIRTH (month, day, and year) July 14 1858	I last saw he alive on
Tada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWILL, BARK, etc. 10. Topate deceased last worked at the securation of the security of the sec	76 4 1 day,hrs.	to have occurred on the data stated above, at 3 1. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Contributary Causes of importance:	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Mise an Barrich Jahret
Other Contributary Causes of importance:	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Tueflet p
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13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, 9R REMOVAL Place (Addrass) 19. UNDERTAKER (Addrass) 20. FILED 10. FILED 11. INFDRMARE 12. Place (State or country) Nama of operation. What tast confirmad diagnosis? Was thara an autopsy? What tast confirmad diagnosis? Was thara an autopsy? Accident, suicide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 16. What tast confirmad diagnosis? Was thara an autopsy? Accident, suicide, or homicide? Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Nama of operation. What tast confirmad diagnosis? Was thara an autopsy? Accident, suicide, or homicide? Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Nama of operation. What tast confirmad diagnosis? Was thara an autopsy? Accident, suicide, or homicide? Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Natura of injury 24. Was diseasa or injury in any way related to occupation of decaased? if so, specify (Signad) (Signad) (Addrass) (Addrass)	12. BIRTHPLACE (city or town) Penna! (State or country)	Other Contributary Causes of importanca:
Nama of operation. State of country What tast confirmed diagnosis? Was there an autopsy?		160 W.
What tast confirmad diagnosis? Was thara an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 20. FILED 21. INFORMANT (State or country) What tast confirmad diagnosis? Was thara an autopsy? 22. If daath was due to external causas (VIOL ENCE) fill in also tha following: Accident, suicide, or homicide? Date of injury Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury 24. Was diseasa or injury in any way related to occupation of decaased? If so, specify (Signad) (Addrass) (Addrass) (Addrass) M. (Addrass) (Addrass) (Addrass) (Addrass)	14 BIRTHPI ACE (Fity or town) Pinna	Nama of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Addrass) 19. UNDERTAKER (Addrass) 23. If daath was due to external causas (ViOL ENCE) fill in also tha following: Accident, suicide, or homicide? Specify city or town, country and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Addrass) 18. Or in PUBLIC PLACE (Signad) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Signad) 19. UNDERTAKER (Signad) 19. UNDERTAKER (Signad) 19. UNDERTAKER (Addrass)	(State or country)	
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Place Manner of injury 19. UNDERTAKER (Addrass) (Addrass) 20. FILED Place Manner of injury Natura of injury 24. Was disease or injury in any way related to occupation of decaased? (Signad) (Signad) (Addrass) (Addrass) (Addrass)	17. INFORMANT Mis. Syring I Schoffer	(Specify city or town, county and State)
(Addrass) (Addrass) (Signad) (Signad) (Addrass) (Addrass) (Addrass)	18. BURIAL, CREMATIÓN, OR REMOVAL Place Lines Lung Colone July 22,19.34	
Registrar. (Addrass) A francticon	19. UNDERTAKER & Blinie & Solors (Addrass) Dissilization M. d.	7 . 01
	20. FILED Registrar.	(Addrass) A francticon

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG B 1981			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
County Datimore.	Registration Dist. No. 44
Village or City Dundalk (16	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Soundalt Polito Con (a) Residence: No. Dundalt Dulto Con (Vaual place of abode)	ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note of Divorced (write the word) So Marie of White of Divorced (write the word)	21. DATE OF DEATH Month) (Day) 193 (Pear)
5e. If married, widowed, or divorced HUSBAND of Con Wife Sophia Yould	22. I HEREBY CERTIFY. Thet, I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 200.3, 1856 7. AGE Years Months Deys If LESS then I dey,hrs.	to heve occurred on the dete steted boove, et
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end year) 10. Occupation occupation	Caral Deserge
12. BIRTHPLACE (city or town) Magra City (Stete or country) May grave City	Other Contributory Causes of importance:
13. NAME Therdore T. Sould 14. BIRTHPLACE (city or town) Doston (Stete or country)	Neme of operation. What test confirmed diagnosis? We sthere en au'orism
15. MAIDEN NAME Mary a. Brown 16. BIRTHPLACE (city or rown) A. B. ostow (State or country)	What test confirmed diagnosis? Wes there en au ophy? 23. If death wes due to external causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide? Dete of Injury , 19 Where did injury occur?
17. INFORMANT Most Hount, Rd.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Att. Devet Balto Dete July 4 1934	Manner of injury
19. UNDERTAKER AM CORD	24. Wes disease or injury in eny wey releted to occupetion of decessed?
20. FILED 1114 L., 19 5 4 John S. TOSMILLA Registrar, If more blanks are needed, address State Registrar,	(Signed) (Address) Den falor ft (Address) Den falor ft 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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lated causes	Date of onset
	1 week ago
	1 week ago
1 4 3 9	3 days ago
ance:	2
	1 year
	unce:

ADDITIONAL	CDACE	TOD	TATE TO COLUMN	COULT & COLUMN A COLUMN	T3 37	TATESCOT OF A	BY
ADDITIONAL	STACE	LOW	PURITER	STATEMENTS	DI	PHISICIA	TA

PLACE OF DEATH County Balk.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Souson (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White Single, Married, Wildowed, OR Divorced (Write the word)	16 DATE OF DEATH 25 , 1985 4
(Month) (Day) (Year) 7 AGE (Month) (Day) (If LESS than I day hrs.	17 I HEREBY CERTIFY, That I attended the deceased from AULU 1994 to ULY 15 , 1994 that I last saw hourslive on AULU 25 , 1934, and that death occurred on the date stated above, at 2 . A . m.
yrs	(Duration) yes mos 7 ds. Contributory Arthur - felerasis
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OT 12 MAIDEN NAME OT OT OT OT OT OT OT OT OT O	(Signed) (Duration) (Signed) (Signed) (Signed) (M. D. M. M. M. D. M. M. M. D. M. M. M. D. M.
OF MOTHER Janah P. Kankin 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) So J. S. J.	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Chestuat hore Cerns July 26, 19 34
15 Filed July 25 1924 M. Gulter Registrar	Clarent C. arthur Fork md.

If more branks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. . The materia (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJURY Always qualify all

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I U		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
338			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	I LAND	CERTIFICATE OF DEATH
County Balleyou		Bogistration Dist. No.
Village or City Catonsvelle,	- Oi	Registration Dist. No. 20 No. 209 Selltow Az 5 St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred		sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 6 liay 16		rim
(a) Residence: No. 209 Sellow (Usual place of		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH
Male white 5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowad, or divorced HUSBAND of (or) HUSBAND of Anna M. Green	iu/	22. I HEREBY CERTIFY, That I attended deceased from
and the second	16 01	, 19, to
6. DATE OF BIRTH (month, day, and year) Lune 8	a. 1867.	I lest saw halwe on
7. AGE Yeers Month Oeys	If LESS then	to have occurred on the date stated above, at
67 6 25	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada, profession, or particular kind of work dona, es SPINNER,	mar har	
SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	mousev.	acute Heart disease
work was done, as SILK MILL, SAW MILL, BANK, etc.		Found dead in had
10. Deto deceesed last worked at this occupation (month and spen	tin this a. M. A.	Tourse dead in New
yaar) occup	pation adoles	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (Stata or country)		
(State of County)	7	1011
13. NAME Correlees Trees	w	VII. IV Vander
14. BIRTHPLACE (city or town)		Name of operation
(State of country)		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cline 607	nner	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
	S	Accident, suicide, or homicide? Data of injury, 19
(Stata or country)	(1)	Where did injury occur?
17. INFORMANT Mos Clayera M. C. (Address) 20 9 Iselton Cit.	Tresu	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OF REMOVAL	- 1	Manner of injury
Place Winoposter 10. Date	0 /1.1934	Nature of injury
19. UNOERTAKER John forward (Address) gol Island	Tope	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 3, 1934 Marshall	Blyst- Registrar.	(Signed) Warshall Block M. D. (Address) Calanneello M. D.
If more blanks are needed, ad	Idress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wage, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive title, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epiletein 1915 1 week ago Chronic interstitial nephritis 1921 Run over by \$2 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contribut Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PRISICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AHG 2 1034	July 5,1927	Peritonitis	3 days ago	
•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Other contributory	causes of importance:	ñit .	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—

STATE OF MARTLAND	CERTIFICATE OF DEATH 108
1. PLACE OF DEATH	162) 34
County BALTIMORE	Registration Dist. Np.
Village or City FIVE FARMS BALTO CO	O., NSMARYLAND St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME GEORGE LDWARD HE	DRICK
(a) Residence: No. FIVE FARMS BALTO (Usual place of abode)	CoSt., MD Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED	21. DATE OF DEATH JULY 3/ (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of EUNICE HEDRICK	22. I HEREBY CERTIFY. That I attended deceased from June 21. 1934, to July 3/ 1934
6. DATE OF BIRTH (month, day, and year) May 28, 1860	1 last saw h.i.Malive on_ JULY 3/
7. AGE Years Months Days It LESS then 1 day,hrs.	to heve occurred on the date stated above, at
Trade, profession, or particular kind of work done as SPINNER, SAWYER, BDDKKEEPER, etc. 9. findustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	Serile ASTHENIA
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Inanition; grow weaker & died . Dugg
12. BIRTHPLACE (city or town) BALTO COUNTY, MD. (State or country)	Dther Contributory Causes of importence:
13. NAME ROBERT HEDRICK	Serile Lageria
13. NAME ROBERT HEDRICK 14. BIRTHPLACE (city or town) BALTO COUNTY MD. (State or country)	Name of operation
15. MAIDEN NAME SUSAN HARPER 16. BIRTHPLACE (city or town) BALT & COUNTY (State or country)	23. It death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT ROBERT N. HEDRICK (Address) 1206 BELVEDERE AVE -BALTO	Where did injury occur?Socify city or town, county and State) Specify whether injury occurred in HNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Poplar lesson, Date Cuguet 3., 1934	Manner of injury .
19. UNDERTAKER John Burns Jons (Address) Topuson Address	24. Was disease or Injury in any wey related to occupation of deceased? If so, specify
20. FILED au J. 15 19 4William flahilcom	(Signed) a. M. Badguon M. C. (Address) Coexens of lle, manyland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:	TO HE	
Gallstones	May 1,1923	Gastroenteritis	1 year	

state infor-

1. PLACE OF DEATH

	23		111
	Registratio	n Dist. No.	+ *
No. Worth	Pout Serman	ME instead of street a	da, Ward
sds. How long	in U.S. if of foreign birth?.	yrs	_mosds
rd Ast. War	rd		
Locali, Wal		ent give city or lown	and State
MED	ICAL CERTIFICAT	E OF DEATH	1
21. DATE OF D	EATH	na	
	July (Monty)	8	19324
	(Mont)	(Day)	(Year)
22. 1. HE	REBY CERTI	F.Y. That I attend	ed deceased from
A		July &	19.34
- Juli	4.4.1934 to.	1090-	
I last saw h.	elive on ruly &	19.7	4 ; death is sel
to have occurred on th	ne date stated above, at	30/1-m	
	SE OF DEATH and related ca		
were as follows:			Date of onse
- D	nos Julier:		
Julier	non Julier	veloses	
-			
	•		
Other Contributory Ca	mass of importance:		
Other Contributory Ca	ases of importance.		1
Name of operation		Date o	f
What test confirmed d	iagnosis?	Was there	an eu opsy?
23. If death wes due to	external causes (VIOLENCE)	fill in also the follow	wing:
Accident, suicide, or h	omicide?	Data of Injury	
Where did injury occu			
	(Specify city	or town, county and	State)
7 /.	y occurred in INDUSTRY, in	nome, or in Public	PLACE.
y 62			
Manner of Injury			
Nature of injury			
24. Was disease or inju	ary in eny wey related to occ	unation of deceased?	
If so, specify	^	1	
(Signed)	adams	Jool	
(Signed)		A	
	4616 Each	lue	

If more blanks are needed, address State Reakstrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
BURGAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	1. PLACE OF DEATH						
/ County B	altimore			Registration Dist. No. 43	?		
				No. Belair Rd. nr. Fowler Ave. Walf death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos.			
2. FULL NAM	E Willia	m A. He:	inbuch				
(a) Residence	: No. Betair	Road, Fi	ullerton of abode)	St., Ward. If nonresident give city or town and State	ite		
PERSONA	L AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX Male	White		RIED, WIDOWED. D (write the word) LCC	21. DATE OF DEATH July 19th, (Day)	93. 4. (Yaar)		
5a. If married, widowed HUSBAND of (or) WIFE of	or divorced	inbuch		22. JI HEREBY CERTIFY That Jattended deco			
6. DATE OF BIRTH (m 7. AGE Years	onth, day, and year) D	ec. 29,	1873	1 last saw h con elive on July 19 ,1934; de to heve occurred on the data stetad above, at 8:30 Pm. M.	aath is sa		
60	6	20	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	ata of ons		
< 9. Industry or bu	on, or perticular k done, es SPINNER, OOKKEEPER, atc	eiler M	aker	myocandelis (chronie)	July 19:		
SAW MILL, 10. Date deceased this occupa year)S	lest worked et tion (month and	spe	ime (years) nt in this upation 40	Other Contributory Causes of Importance:			
(State or countr	or town) Balte. y) Md. am Heinbuc						
13. NAME AC	city or town)			Neme of operation Data of What tast confirmed diagnosis? Was there an autop	nev?		
15. MAIDEN NAME				23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?			
16. Birthplace (city or town) Harford Co. (Stete or country) Md.				Whera did injury occur? (Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATIO			y 22, ₁₉ 34	Mannar of injury			
19. UNDERTAKER (Address)	referrile 7401 Belai	r Road	hadas	24. Wes disease or injury In any way related to occupation of deceased? ?	0		
20. FILED	1,1934	a.t.	nty M&	(Signed) turgen Ly Cassa Jows (Addrass) 514 Drung Pane	M.		

should state Every item of infor-

IS A PERMANENT RECORD.

properly classified.

should be

mation should be carefully supplied. CAUSE OF DEATH in plain terms,

FOR BINDING

RGIN RESERVED

of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		20.00.00	7

V. S. No. 1

STATE OF	MARYLA	ND-C	ERTIF	ICATE	OF	DEAT	TH
				-			

60	6.	()	0	4 4
U	[]	7	1	11
U	5	0	1	V

1. PLACE OF DEATH			92-00	20
County 13 allumo	L		Registration Dist. No.	09
Village or City Swetar	2	(If	NoNo	St,Ward
Length of residence in city or town where d	eath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrs.	ds
2. FULL NAME Rebella	Herry	Ma H.	tter	
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give eity o	r town and State
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF D	EATH
Semale 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Oay	193 4
5a. If merried, widowed or divoced HUSBAND of (or) WIFE of	4 itte	2		l attended deceased from
5. DATE OF BIRTH (month, dey, end year)	ne 13	1864	riast saw h	7, 1934.; death is said
7. AGE Years Months	Days 14	If LESS than 1 day,hrs.	to have occurred on the date stated above the state of the principal Cause of DEATH and related causes of importance as follows:	4
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ruse r	vife	Valvulas Heart Vise	Dats of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		•		• • • • • • • • • • • • • • • • • • • •
10. Date deceased last worked et this occupation (month and year)	11. Total ti sper occu	me (yeers) It in this Ipation		
2. BIRTHPLACE (city or town) Swed (State or country)	air		Other Contributory Causes of Importance:	
1 nituations	V		Oropen lungensalu	277
13. NAME Was Man 14. BIRTHPLACE (city or town) (Stete or country)	many	/	Name of operation	Oate of
15. MAIOEN NAME MANSONO	wn		23. If death was due to external causes (VIOL ENCE) fill In also th	
15. MAIOEN NAME MADONO 16. BIRTHPLACE (city or town) Cylon (State or country)	nang		Accident, suicide, or homicide? Date of Inju	
7. INFORMANT John Hoff	ther		(Specify city or town, cour Specify whether injury occurred In INDUSTRY, In HOME, or In I	PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL GIVE	Date July	3 ,1934	Manner of injury	
9. UNOERTAKER John Bus (Address) Towas	no So	ns	24. Wes disease or Injury In any way related to occupation of de	ceased? w
20. FILED Jul 2 , 134 &	Mangi	(H) Claft	(Address) Sarhs	M. D

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To be eomplete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND	-CERTIFICATE OF DEATH 1008
1. PLACE OF DEATH	93:0
County Baltimore	Registration Dist. No. 42
Village or City Arbutus	No. St. Ward
A7	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frieda Holtgreve (a) Residence: No. 4404 Leeds Ave.	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Trice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Frederick W. Holtgreve	22. I HEREBY CERTIFY That I attended deceased from
	may 1, 19 3 4, 10 July 20, 19 34
6. DATE OF BIRTH (month, day, and year) Sept. 12, 1867. 7. AGE Years Months Days If LESS than 1 day,	
8. Trade, profession, or perticular	were es follows: Date of onset
kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc	(Chance) chair
kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Janu,
SAW MILL, BANK, etc.	1933
2 Shall Lill (1112	,
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Gasker	***************************************
13. NAME Gasker 14. BIRTHPLACE (city or town) Germany	Name of operation Date of
15. MAIOEN NAME Unknown	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) Germany (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Hrederick W. Holtgreve (Address) 4404 Leeds Ave.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
PlaceLoudon Park Pate July 23, 19 3	A Nature of injury
19. UNDERTAKER 4101 bd mondson Ave.	24. Was disease or injury in eny way related to occupation of deceased? No
20. FILED Joseph 23 (1934 Meller Registras.	(Signed) Engement i fest a sono M. D. (Address) 5 1 4 Drung Pane
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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ample I	-	Example 11	
h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ECEIVED	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
ANG 2 1834	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	h and related causes ws:	h and related causes ws: 1915 1921 July 5,1927 of importance:	h and related causes ws: The principal cause of death and related causes of importance were as follows: Allack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06882
1. PLACE OF DEATH	<u>(5)</u>
County Dall	Registration Dist. No.
Village or City CosbiC	No. St., Ward
1/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME John m. Amard	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Residence: No. Chrock had	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word) 5a. If marriad, widowed, og divorced	21. DATE OF DEATH (Mgath) (Day) (Sear)
HUSBAND of Cyclia Amaso	1 HEREBY CERTIFY. That I attended decaased from 1933, to 9 11934
6. DATE OF BIRTH (month, day, and year) 18-3-9 July 28	I last saw ham alive on July 23, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
/4 /1 /6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset
No. Trade, profession, or particular kind of work done, as SPINNER, Asilonal Clerk—SAWYER, BOOKKEEPER, etc	Casernoma I Crolati
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decayasatal ast workad at this occupation (worth and)
11. Total time (years) spent In this occupation (month and year)	
12. BIRTHPLACE (city or town) Dath MM (State or country)	Othar Contributory Causes of importance:
13. NAME In make many 14. BIRTHPLACE (city or town) - Hashington De.	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?_ Zaq
15. MAIDEN NAME MY 16. BIRTHPLACE (city or town) Back Ind	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Stata or country)	Whera did injury occur?
17. INFORMANT In Stydia Amaid (Address)	(Specify city of town, county and State) Spacify whethar injury occurrad in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMENTION, SERREMOVAL	Manner of injury
Place Fallinoil Data My 1 1, 190 4	Nature of Injury
19. UNDERTAKER MA CHANGE AND	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 24, 1934 War Jul holg Registrar.	(Street) Spark Mo
	2411 N. Charles Street Baltimore Requesting 7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GRUENED	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory ca	auses of importance:	1 year

certificate.

See instructions on back

MOTHER

19. UNOERTAKER

(Address)

mportant.

TION is

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06853
1. PLACE OF DEATH	
County Bolling	Registration Dist. No. 4 3/0
Village or City Caloualle (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yoursmos	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME to Is shell I - In he	no
(a) Residence: No. 106 Shady hard Cre	St. Ward.
(Vaud place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED; WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Source that married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Julius & Jenkers	1 HEREBY CERTIFY. That i attended decessed from
1 \$0. 1811	
6. DATE OF BIRTH (month, day, and yeer)	I lest saw hil A alive on 19.3 4; death is said
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the date stated bove, \$1.2.2.2.1m. The PRINCIPAL CAUSE OF DEATH and related causes of importence
Obout of or or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Phonie phrelis, urema
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business in which work was done, as SI K MILL	De enzocardetis fund
work was dona, as SILK MILL, SAW MILL, BANK, etc.	11, 1934
10. Oato deceased last worked et) 11. Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Thiladelphia	Other Contributary Causes of importence:
(State or country)	
II 13. NAME IS I I I I I I I I I I I I I I I I I I	
13. NAME TO TO TOWN 14. BIRTHPLACE (city or town)	Name of coarsing
14. BIRTHP/ACE (city or town)	Name of operation Date of

14. BIRTHPLACE (city or town Name of operation_. (State or country) Was there en au'opsy? 15. MAIOEN NAME Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE OR REMOVAL

Registrar.

24. Was disease or injury in any wey related to occupation of deceased?

If so, specify (Signed

essState Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury

V. S. No. 1

2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
AUG 9 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

817 Park are Ve 2762

1.	HEALTH DEPARTMEN	T-CITY OF BALTIMORE
To be a	CERTIFICAT	TE OF DEATH (48)
Very item IANS sho statement	1. PLACE OF DEATH CITY OF BALTIMORE: (No Baldwire)	Registered No. (If death occurred a hospital or institution give its NAME insterior
RECORD. EV. PHYSICI	2. FULL NAME MARGARET R. Johnson (a) Residence: No. Baldwin M. A.	
- V2	PERSONAL AND STATISTICAL PARTICULARS	(If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH
PERMANE stated EXA be properly by of certification	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (month, day, year) 10 , 13 , 12 , 12 , 13 , 14 , 15 , 15 , 15 , 15 , 15 , 16 , 16 , 17 , 18 , 18 , 18 , 18 , 18 , 18 , 18
ould bar on ba	7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
ING INK—TH pplied. AGE terms, so that	8. Trade, profession, or particular kind of work done, as spinner, Howkind Sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Other contributory causes of importance:
refully su FH in plain important.	12. BIRTHPLACE (city or town) Townson (State or country) Malta Co 13. NAME Benjamin Johnson 14. DIETURN AGE	
VLY, WITE ould be ca OF DEATH is very in	14. BIRTHPLACE (city or town). Townsor (State or country) in a list. MAIDEN NAME Bannie in Werz	What test confirmed diagnosis?
TE PLAIN nation sh CAUSE JPATION	16. BIRTHPLACE (city or town)	Where did Injury occur?(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in publi place
WRITE informa state COCCUP	18. BURIAL, CREMATION, OR REMOVAL PROPERTY PULL	Manner of injury
N. B.	19. UNDERTAKER BY AND LONG AND STORY OF LAND AND LONG AND AND L	24. Was disease or injury in any way related to occupation of deceased to occupation of deceased (Signed)
	20. FILED 1927 Registrar,	(Address) Saldan

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Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
N/0 0 1517			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	4 6	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registrar.

1. PLACE OF DEAT

STATE OF MARYLAND—CERTIFICATE OF DEATH

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

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The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1 B.

state

S. 1. PLACE OF DEAT		F MAR	YLAND-	CERTIFICATE OF DEATH	06887
CountyBalti	nore			Registration Dist. No.	43
Village or CityQx	erlea	eath occurred_Ui		No. I5 Fast Flm Ave. St., f death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. If of foreign birth? yrs.	
2. FULL NAME (a) Residence: No. I.		H. K Elm Av (Usual place	e.	St., Ward. If nonresident give city or town	and State
PERSONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR Whi	OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word) 1 6 d	21. DATE OF DEATH -July -I2 (Month) (Day)	, 193.4
5a. If married, widowed, or divor HUSBAND of (or) WIFE of Carr	ie B.	Kennedy		22. HEREBY CERTIFY, That I atten	
6. DATE OF BIRTH (month, day,	Jul	у 12	1847		3. 4; death is said
7. AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, at	
87	0	0	1 day,hrs.		Date of onset
8. Trade, profession, or parkind of work done, a SAWYER, BOOKKEEF 9. Industry or business in work was done, as SI SAW MILL, BANK, et al. 10. Dato deceased last work this occupation (monyear) - 19-19-	s SPINNER, ER, etc	tired	ime (years) nt in this upation	myonarditis	Jan 19,3
	Unknown			Other Contributory Causes of importance:	
13. NAME Unknow 14. BIRTHPLACE (city or tow (State or country)	_{vn)} Irelan	ıd		Name of operation Date What test confirmed diagnosis? Clanes Was there	of
15. MAIDEN NAME U 16. BIRTHPLACE (city or tow (Slate or country)	nknown Irel	and		23. If death was due to external causes (VIOLENCE) fill in also the folion Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Carp 1 (Address) 15 18. BURIAL, CREMATION, OR RE	EMOVAL E	Lm Ave		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	State) > PLACE.
19. UNDERTAKER AND (Address) 7 40	Bel	coalmy	fan	24. Was disease or injury In any way related to occupation of deceased If so, specify	2 76
20, FILED 2/-13_1	340	·a.7/	it. D. A.	(Signed) 5 Harding	,/)

(Address)

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-	state	UPA-	
Jo u	plno	000	
iten	she	of	
-WRITE PLAINLY, WITH TNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-statement of OCCUPA.	/
RMANEN	XACTL	classified.	
IS A PE	stated E	properly	certificate
HIS	pe	be	Jo
NK-T	pluods	it may	n back
ING I	AGE	that	tions o
H JNFAD	r supplied.	ain terms, s	TION is very important. See instructions on back of certificate.
Y, WIT	arefully	H in pla	rtant.
AINL	l be c	DEAT	impo
E PL	should	OF I	s very
-WRIT	mation	CAUSE	TION is

	-CERTIFICATE OF DEATH 06888
1. PLACE OF DEATH	97)
County Ballemore -	Registration Dist. No. 30
Village or City Cuas	No. Kalling Rd St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4 Yyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Marguret Ki	Laylo
(a) Residence: No. 1 Cultury Rx (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Wh. Le 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Thurres	21. DATE OF DEATH July 24 - 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND OF Rafit. T. Keys.	22. I HEREBY CERTIFY, That I attended decaased from 1914, to Tue, 74 1934
6. DATE OF BIRTH (month, day, and year) Afford 10 - 1861	I last saw h_24 alive on July 24 ,1934; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 9.06 Pm.
73 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked at 11 Total time (years)	Chronic hyperten Sin with 1926
9. Industry or business in which work was done, as SILK MILL,	Cerebral arleno Schleros. 5
SAW MILL, BANK, etc.	< cente demestra.
11. Total tima (yaars) this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Duffre Co Outare - (State or country)	Other Contributory Causes of importance: Gradual Slaure from Tepra as
	- Its lat or drunk - 57
13. NAME Janes Mc Cape - 14. BIRTHPLACE (city or town) Areland.	days
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What tast confirmed diagnosis? You Was there an autopsy?
15. MAIDEN NAME Margaret Lackry	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury
(State or country)	Where did injury occur?
17. INFORMANT Mrs. Kafe Keys fl	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jone Chapsel, Oate thy 26, 1934	Nature of injury
19. UNDERTAKER Harry H. With Le	24. Was diseasa or Injury In any way related to occupation of deceased? NO
20. FILEO 7/21 , 19.24 Albuduar	if so, specify (Signed) / Today (J. Verile M. D.
Registrar.	(Address) Relay ha.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

V. S. No. 1

N. B.—WRITE PLAINLY

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AC

	-WRIT	TION i
S. No. 1	B.	H
>.	z [])

	OF MARYLAND-	CERTIFICATE OF DEATH	1890
1. PLACE OF DEATH		107.00	COURT
County Baltum	ure	Registration Dist. No. 3	1
Village or City Quoning	mills	No. Reserved State Training School feath occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town when	re death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Rudo	lph Lahner		
(a) Residence: No. 2629 KD	Slavey St Baltin	ing. Jud. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIS 3. SEX 4 COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 6 (Monthly) (Dey)	193_4/ (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year)	Tet 24, 1912	1 last saw h un alive on July 6	: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date states above, 29:25Pm.	
22 4	13 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
SAWYER, BOOKKEEPER, etc.	Inmate: Rosewood	acute Bronchit	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	chool; owing	Helpless Epileptic Ideal.	Conge
16. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		J
2. BIRTHPLACE (city or town) Balls (State or country)	more, Jud.	Other Contributory Causes of importance:	
13. NAME John Pie	rce Lahner	Broncho-Pneumowa	7/6/39
14. BIRTHPLACE (city or town)	Germany	Neme of operation Trank Date of	
(Stete or country)		What test confirmed diagnosis? Clinical Was there an au	ropsy? Le
15. MAIDEN NAME Mag	ne Jaeger	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Termany.	Accident, suicide, or homicide? Data of injury	
(State or country)	00	Whera did injury occur? (Specify city or town, county and State	
17. INFORMANT - Reserved Sta (Address) Owing	to training school	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	0.1.9	Manner of Injury	
Place X - CUCKY	Date	Neture of injury	
19. UNDERTAKER WMM (Address)	Bucy	24. Was disease or injury In any way related to occupation of deceased?	lio
20. FILED July 7, 19 3 4	OTNICOSE Registras.	(Signed) George O. medairy (Address) Owngo mills	M. D.
7.0		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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ADPO			
Other contributory causes of important		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

PLACE OF DEATH
County Beltimine.

(48)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 32

Village or City Takes nlly. (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femle 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July (Month) (Day) (734 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Dsy) (Year)	from 16 1924. to July 1, 1924, that I last saw h & alive on July 1, 1924,
7 AGE If LESS than	
56 yrs. 6 mos. 10 ds. or min.?	malignant tuna
B OCCUPATION .	1.1.
(a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs. 6 mos. ds.
which employed or (employer)	Contributory Secondary
9 BIRTHPLACE (State or country) Palto. Ml.	Cachery 4 auch
	Cacher (Duration) 3, mos. ds.
FATHER Joint W. harsfall	(Signed) Galme & Williams M. D.
11 BIRTHPLACE	July 1 1934 (Address) Pitchelle Ind
OF FATHER (State or country)	*State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidentsl, Suicidal or Homicidal.
OF MOTHER EVA Partneds	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the State yrs mes ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Charles A. Lee	usual residence
(Address) Bitselle. hel.	1 rud Reday Courtery July 3 1036
masta	TO UNDERTAKER

If more bianks are needed, address State Registray, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) Spinner, (b) Colton mill; (a) Salesman. (b) Grocery, additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. Spinner, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (no gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Foreman, (b) especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, Farm laborer, 3/18). (b) Cotton mill; (a) Salesman. (b) man, (b) Automobile factory. The without more precise specification as Day specifically the occupations of persons en-Compositor, For persons who have no occupation Stationary Jireman, etc. If the occupation has been changed Laborer-Architect, Locomotive engineer, -Coul mine, etc. not gainfully em-But in many The quesmaterial Wom-

Statement of Cause of Death—Name, first, the precase causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Grebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. approved as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of peritongeum, etc., Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by " "Marasmus, " "Old Age, " cough; Committee on Chronic Carcinoma, Sarcoma, etc., of etc. The valvular heart Nomenclature Always qualify all contributory discase;

If this certificate is looked over theroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	nfor-	JPA.
*	tem of i	of occu
	Every i	ement
	RD.	STA
•	RECC	Exact
RESERVED FOR BINDING	G INK—THIS IS A PERMANENT RECORD, Every item of infor- GE should be stated EXACTLY. PHYSICIANS should state	that it may be properly classified. Exact statement of OCCUPA-
FOR	IS A P	hat it may be properly
ED	HIS	be
RVI	TIO	may
SE	N. A.	# 5
R.E	GE	hat

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1909
1. PLACE OF DEATH	93-2	1036
County Balto	Registration Dist. No.	4
	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	ber)
Length of residence in city or town where death occurred	ds. How long In U. S. if of foreign hirth?yrsmos	ds.
2. FULL NAME of author Repse	ak	
(a) Residence: No. Scattle are (Usual place of abode)	St., Ward. If nonresident give city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Marie To The Araba Inviers
Female. 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sully (Day))3 # . (Year)
5a. If married, widowed, or divorced HUSBAND of Frank Lejsiak.	22. I HEREBY CERTIFY. That Lattended dece	eased from
6. DATE OF BIRTH (month, day, and year) 18>9	Hast sowh & M alive on July 11, 1924; de	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 4 m.	
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		wilde
SAWYER, BOOKKEEPER, etc. / Jausework.	filleration.	
9. Industry or business in which work was done, as SILK MILL. Aun home.		
SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SYINER, SAWYER, BOOKKEEPER, etc. 10. Dato deceased lest worked et this occupation (month end year) 11. Total time (years) spent in this occupation (month end year)		
	Other Coutributery Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)	for feriosclesoses.	lues.
II 13. NAME Kordua.	Chrome Myscarditis.	lyca
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis?	psy? 200
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury	_, 19
(State or country)	Where did Injuty occur?(Specify city or town, county and State)	
17. INFORMANT Mary Stackbuske. (Address) (doughter)	Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PROJECT D. 164	Manner of injury	
Place Street Heart of Mary Datolly 14 1934	Nature of injury	
19. UNDERTAKER A SIM M Creber Sp Balto Med	24. Was disease er injury in any way related to occupation of deceesed? All If so, specify All The way of the second of the seco	0.
20. FILED ULY 12 ", 1934 4 Holorgiasum, Registrar.	(Address) Colgenie MC.	8.5.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "nechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, to As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if are related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, and other important diseases or injuries. Examples:

Example I	12	Example II		
The principal cause of death and related causes of importance were as follows:	Date of easet	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN-

1	L PLACE OF DEATH	CERTIFICATE OF DEATH 06893
1	County Baltimore	Registration Dist. No. 30
1	Village or City Catonsville	No. Opitz Home St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred O yes I may	death occurred in a horpital or institution, give its NAME instead of street and number) Qds. How long In U.S. if of foreign birth?yrsmosds.
		non long in 0.5, it of foleign bitting
2	2. FULL NAME Al Xerta Marsh	
	(a) Residence: No. Magnolia Ave., Haletho	PPSE, Ward. If nonresident give city or town and State
etowa	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
. 17	remale White OR DIVORCED (write the word) Married	July 25, 193 4
-	If married, widowad, or divorced	(Month) (Day) (Yaar)
	HUSBAND of (or) WIFE of Walter W. Marsh, Sr.	22. HEREBY CERTIFY. That I attended deceased from
6.	DATE OF BIRTH (month, day, and year) Nov. 22. 1875	I last faw h eb alive on July 24 1, 19 3 4; death is said
_	AGE Years Months Days If LESS than	to have occurred on the data stetled above, et. 8 om.
	58 8 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance
7	8. Trade profession or particular	were as follows:
OCCUPATION	kind of work dona, as SPINNER. House-wife	Chi ma so a selle
PAT	9 Industry or husiness in which	
CO	work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, atc.	
00	10. Data deceased last worked at this occupation (month and yaar)	
12	BIRTHPLACE (city or town) Baltimore,	Other Contributory Causes of Importence:
14.	(State or country) Md	Call the Dans & Sale
ER	13. NAME Robert E. Forsyth	and the second
FATHER	14. BIRTHPLACE (city or town) Howard Co.	Name of operation Oate of Oate of
-	(Stete or country) Md.	Whet test confirmed diagnosis? Clesses Was there an au'opsy? Was there are a confirmed diagnosis? Clesses Was the confirmed diagnosis? Was the confirmed diagnosis? Was the confirmed diagnosis? Was the confirmed diagnosis? Was the confirmed diagnosis of the confirmed d
MOTHER	15. MAIDEN NAME Harriet Smith	23. If death was due to axternal causes (VIOL ENCE) fill in elso the following:
W S	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oete of Injury, 19 Whera did Injury occur?
17.	INFORMANT Walter W. Marsh, Sr. (Addrass) Magnolia Ave., Halethorpe	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Placa Loudon Prk. Dete July 28, 19 34,	Natura of injury
	Il ala	navia vi mjer)
19.	UNDERTAKER 1844 (Address) 1/3 Least 54	24. Was disease or injury In any way related to occupetion of decaasad?
-	10/5/10/	(Signed) Markell B wash M.O.
20.	FILED My 25, 1934 Marshall B Resistar	(Address) O atomile Our

(Address)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Was vo				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address Sate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 06895
1. PLACE OF DEATH	46
County Call	Registration Dist. No. 40
Village or City Fore Que	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Kathern J. Ma.	24.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 1. COLOR OR RACE 1. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word) Manual	21. DATE OF DEATH (Month) (Oay) (Year)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of Claurus Track	22. HEREBY CERTIFY That I attended deceased from
DATE OF BIRTH (month, day, and year) Nov. >3 - 1883	I last saw half alive on July 1, 193 4; death is said
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or perticular/ kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mulcenna Stomade 18 mar
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	+Linn_
10. Date deceased lest worked at this occupation (month and year)	Other Coutributory Causes of importance:
(State or country)	
13. NAME OVESLEY hulla	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Aliment Was there an au'opsy?
15. MAIOEN NAME Wayset of whikese	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?0ate of injury
(State or country)	Where did injury occur?
17. INFORMANT J. Clarenii Front (Address) Glevarii Vid	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Property Cem Octo July 18, 1934	Manner of Injury
19. UNDERTAKER Claure E. arthur (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7/16 38 XX Valles My Committee	(Signed) Hally My Ammel M. O. (Address)
A Registrati	(1.0100)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	-WRITE PLAINLY, WITH TONFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
りつ	TENT RECORD.	TLY. PHYSIC	ied. Exact state		
RGIN RESERVED FOR BINDING	S IS A PERMAN	e stated EXAC	e properly classif	f certificate.	
N RESERVEI	JING INK-THI	AGE should be	se that it may be	ctions on back of	
RGI	, WITH CNFAI	refully supplied.	I in plain terms,	tant. See instru	
.1	-WRITE PLAINLY	mation should be ca	CAUSE OF DEATH	TION Is very important. See instructions on back of certificate.	

N. B.-WRITE

V. S. No. 1

1. PLACE OF	F DEATH Baltimore			107-0	06896			
County				negistration Dist. No.				
	dence in city or town where		(lí	No. Sheppard & Enoch Pratt Hospists f death occurred in a horpital or institution, give its NAME instead of street a ds. How long In U.S. If of foreign birth?	Ward number)			
2. FULL NAI	ME Mrs. Joe	ephine H	lolt McKay		6.			
(a) Residen	ce: No. 1002 Poto	omac Stre	et c of abode)	St, Ward. Baltimore, Maryland If nonresident give city or town				
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	- J			
s. SEX female	4. COLOR OR RACE white	5. SINGLE, MAI OR DIVORCE WICOW	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH July (Month) (Day)	, 193 ⁴ (Year)			
5a. If married widowed, or divorced RISPAND of (or) WIFE of James Andrew McKay				22. 1 HEREBY CERTIFY, That lattend June 6th 1934 to July 6th	ded deceesed from			
6. DATE OF BIRTH ((month, day, and year)	nknown	1880	lest saw h. er elive on July 6th 193				
7. AGE Year 54 year		Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, et 2.50p.m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:				
8 Trede profes	ssion, or particular	hou gowife			Date of enset			
kind of work done, as SPINNER, housewife SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) - 6 weeks ago cocupation 2				Broncho-pneumonia	72 hrs			
12. BIRTHPLACE (cit	ty or town) Balt ime	ore, Marj	land	Other Coutributory Causes of importance;				
(State or cour	William Holt			Manic Depressive - Depressed	Unk.			
I IS. NAME	Dalas	WOYA						
	(city or town)	war e		Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy?				
15. MAIOEN NA	ME Anna Galla			23. If death was due to externel ceuses (VIOLENCE) fill in also the follo				
15. MAIOEN NAME Anna Gallagher 16. BIRTHPLACE (city or town) Pennsylvania (State or country) 17. INFORMANT Hospital records (Address)				Accident, suicide, or homicide?				
18. BURIAL, CREMAT	TION, OR MEMOVACI	do tal	49-1.39	Manner of injury				
19. UNDERTAKER	13000 5	An G	Jan H	Nature of Injury 24. Wes disease or injury In any wey releted to occupation of deceased? If so, specify				
20. FILED July	6 ,1934	Dur 61	Registrar.	(Signed) Arthur E. Pattrell (Address) Towson, Md.	M. D.			

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Example 1		Example II	
The principal cause of deatheund related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of haportance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-

STATE OF	MARY	AND-CI	ERTIFICA	TE (OF	DEATH
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V	U	U	W	-6

1. PLACE OF DEATH						9450			
1	Count		ltimore			Registration Dist. No. 7	?		
Village or City Raspeburg (If Length of residence in city or town where death occurred 38 yrs mos						No. St., f death occurred in a hospital or institution, give its NAME instead of street and n ds. How long In U.S. if of foraign birth? yrs. mo	Ward		
2. FULL NAME John Robert McLain (a) Residence: No. Westwood Ave. (Usual place of abode)						St. Ward.			
selica	PER	SONAL AN	D STATIST	ICAL PARTI		If nonresident give city or town and : MEDICAL CERTIFICATE OF DEATH	State		
	sex Male	4. COLO	r OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH July (Month) (Day)	9:34		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie M. McLain				ORE .	22. I HEREBY CERTIFY, That I attanded deceased from June 25				
7.	AGE	Yaars 59	y, and year) Jai	17, 18 Days 6	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 8, 15 pm The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	; death is said		
_	8. Trade, profassion, or particuler kind of work done, as SPINNER, Asst. Supt. SAWYER, BOOKKEEPER, etc. SAWWILL, BAOK, atc. SAW MILL, B&O. Building SAWWILL, B&O. Building				ding me (yaars) tl n this spation	Angina Pectoris Acute Pericardivis Myocardial Degeneration Acute Dilatation of Heart Other Contributory Causes of importance: Arteriosclerosis Abscess teeth			
FATHER		PLACE (city or to tate or country)	JWII)	imore Md.	***************************************	Name of operation Date of What test confirmed diagnosis? Was thare an au			
MOTHER	1	PLACE (city or to tate or country)	Mary Rut Wen) Ge Le M. Me Estwood	ermany Lain		23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAN	, 19		
18. BURIAL, CREMATION, OR REMOVAL PIEce Baltimore Cemt. Date July 26, 1934					y 26, 1934	Manner of Injury	no		
19. UNDERTAKER GEORGE W. Zirkler (Address) 1737 E Eager St. 20. FILED 7/24, 1934 D A Futy M.D. Registrar.					f M.D. Registrar.	(Signad) Whert & Wholes (Address) 6409 Belaux Re	. M. D.		

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10.—The month and year the deceased last worked at the occupation.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
THE TAXABLE PARTY AND A STREET	D1 21 U33	T. OIL	T. C. R. T. T. T. T. T. T.	O 1 2/1 1 1/1/1 1/1/1 1 O	13.4	THE PROPERTY	4 1 7

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAUN 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	893
1. PLACE OF DEATH	93-0	
County Balto	Registration Dist. No. 42	_
Village or City Galto. Hy planty	No. St.	Ward
(If Length of residence in city or town where death occurred 9 yrs mos.	death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME (JAMA Rebosed) 7	U1001	us.
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH	//
male While Marrir	(Month) (Day)	(Year)
5a. If merried, widowed or divorced HUSBAND of (or) WIFE of	22.) HEREBY CERTIFY, That wattended of	deceased from
rauseus. Mery	pls. 1 1934, 10 July, 21	1934
6. DATE OF BIRTH (month, day, and yeer) May 28 - 1854	I last saw h 12 alive on Sol 0, 193 4	death Is said
7. AGE Years Months Days If LESS than Lday, hrs.	to have occurred on the dete stated ebove atm.	
80 2 Vormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	2	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10.—Date deceased last worked et this occupation (month and	myrtatello.	runo.
work was done, es SILK MILL, SAW MILL, BANK, etc.		77/
- Spell III (1112)		
year) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	Det Dilatation	
	Welle Nation	
E COMPANIE	1kms-	
(Stete or country)	Name of operation Date of Date of	
15. MAIDEN NAME ? MISSIA	What test confirmed diagnosis? Was there an air 23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
∑ (State or Sin'ry) M	Where did injury occur?	, 19
17. INFORMANT A SEGUE CLEUP Maly	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
(Address) Illum Qu		
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Date Date (U)	Nature of Injury	
19. UNDERTAKER Victure of For	24. Was disease or injury in enviroey related to occupation of deceased?	
(Address) Noville Perine of	If so, specify	1
20. FILEDALLY 23, 134 Te Surfreffe	(Signed) Ho Med arts Bld	M. D.
If more blanks are needed, address State Resistant	2411 N. Chayler Street Relaimons Description (7) S. No.	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Dy - Herbert Ch Cake 2-3 Pm misure arts Bldg. NG 8121 MARGIN RESERVED FOR BINDING

	HEALTH DEPARTMENT	T-CITY OF BALTIMORE
of of	Habilluge CERTIFICAT	TE OF DEATH 92-2
RD. Every-item of PHYSICIANS should Exact statement of	1. PLACE OF DEATH CYTY (** BACTOS) ORE: (No Oah Park	Registered No. (If death occurred a hospital or institution give its NAME instead of street and number.) mosds. How long in U. S. If of foreign birth?yrsmosds.
NT RORD. ACTLY. PHY classified Ex	2. FULL NAME (a) Residence: No. (Usual place of nhode)	St.,
CT class ite.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING PERMANE stated EX/ properly of certifice	5a. If married, widowed, or divorced with the word with the word with the widowed with the word with the widowed with the word w	21. DATE OF DEATH (month, day, year) 22. I HEREBY CERTIFY, That I attended deceased from 1935, to 1935. I lnst saw hour alive on 1935. Death is said
KK—THIS IS A AGE should be so that it may b structions on back	6. DATE OF BIRTH (month, day, year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Frade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	The principal cause of death and related causes of importance were as follows: Date of one Cond My Clardial Degray- 1930
ARGIN RES IFADING IN by supplied. plain terms, ant. See in	saw mill, bank, etc. 10. Pate deceased last worked at this occupation (month and year)	Other contributory causes of importance:
A. A. A. WITH A. SE OF DEATH IN ION is very import	14. BIRTHPLACE (city of town)	Name of operation What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
B.—WRITE PI information state CAU OCCUPAT	17. INFORMANT MARKET AND	Manner of Injury
S. S.	20. FILED 18 7 Juny 11 Strikesse	(Signed)

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06901
1. PLACE OF DEATH	<u> </u>
County Baltimore	Registration Dist. No.
Village or City Slynder	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Naucy Butter Mos	u_
(a) Residence: No. Charles Lawn W. Va	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH (Wonth) (Day) (Ger)
Sa. If married, widowed or divorced	(Month) (Day) (Yeer)
HUSBAND of alex ander Compton Moo	22. I HEREBY CERTIFY, That Vettenderd deceesed from
6. DATE OF BIRTH (month, day, and year) 3. 1853	I Jest saw h elive on 7 ///o/ / 1934; death is said
7. AGE Years Months Deys It LESS than	to heve occurred on the date stated above, at 1/35 P.m.
8/ 30 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade protection or perticular	were es tollows:
Kind ot work done, es SPINNER. Cutured SAWYER, BOOKKEEPER, etc.	Ceretual heman 1/5/34
9. Industry or business in which	The state of the s
work wes done, as SILK MILL, SAW MILL, BANK, etc	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	
Silla an Aa	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	the state of the s
1 44	Ayzerlynowy arteriordering
# 13. NAME Chilles Vlouras Frether	Attendance preparate preumona
14. BIRTHPLACE (city or town)	Name of operation Dete ot
(State of Country)	Whet test confirmed diagnosis? Wes there en autopsy?
16. BIRTHPLACE (city or town)	49 Mideeth was due to external ceuses (VIOL ENCE) fill in elso the tollowing:
5 16. BIRTHPLACE (city or town) Alexan Co	Recident, suicide, or homicide? Dete of Injury 19
E (Stete or country)	Where did Injury occur?
17. INFORMANT Ms. Naulie Cockey (Address) Cockeypoils ml	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Charles Lucy Date July 12/1989	
Mali - WHAT	Nature of injury
19. UNDERTAKER / Lewin J. D. Willi	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Charles Lown a. Va	If so, specify
20. FILED 1664/1 1934 A A DOMA 21 A	(Signed) sames . Suffer f. M. D.
Registrar.	(Address) A listuatoron, mad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUILEAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u></u>	

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(Address)

Registrar.

Date of onast

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago BURFALL V C Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gostroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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V. S. No. 1 N. B.—

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	3903
1. PLACE OF DEATH			
County Deltemo	<u>/</u> e	Registration Dist. No. 3	C
Village or City Ca for	surlle	No Frence Tove Hophital a	Ward
Length of residence In city or town where deeth oc	2 (1	f death occurred in a hospital or institution, give its NAME instead of street and s	number)
2. FULL NAME alice Mo	A A	syrsyrsyrs.	nosds
(a) Residence: No. 1807 ac	moon		
	Usual place of abode)	e St., Ward. (So et al. are all finonesident give city or town and	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	E
	NGLE, MARRIED, WIDOWED, I DIVORCED (write the word)	21. DATE OF DEATH	
Thurse white.	wishwed	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. O I HEREBY CERTIFY, Thet I attended	deceased from
(or) WIFE OF lunknown	1020	Jany 21" 1932 to July 17	7 19.30
6. DATE OF BIRTH (month, day, and yeer) Lun	Ky own	000-0	; death is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, et 7.452 m.	
76 !	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data ol onset
8. Trade, profession, or particular kind of work done, as SPINNER,	- 03		Data of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at		Chr. Enlacardition	-
work was done, as SILK MILL, SAW MILL, BANK, etc.	4	or according	13/12
	11. Total time (years) spent in this		
year) - faur 1932	occupation	Dther Contributory Causes of Importence:	
12. BIRTHPLACE (city or town)	mon		
		arterio-Sclerosia	2 yrs
E	~	Kente Byckoris	2 1/20
4 14. BIRTHPLACE (city or town)		Neme of operation	
15. MAIDEN NAME CENTRA	·M (What test confirmed diagnosis?	
=	V-0	23. If deeth was due to external causes (VIOLENCE) fill in also the following	-
State or country)		Accident, suicide, or homicide? Oete of injury Where did Injury occur?	, 19
17. INFORMANT WH. Inone	in Con1	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	te)
(Address) 1807 area	nah avo		no.
18. BURIAL, CREMATION, OR REMOVAL	6 1. 14	Manner of injury	
Place Date Date	July 17, 1934	Nature of Injury	
19. UNDERTAKER W M SOOPE	· · · · · · · · · · · · · · · · · · ·	24. Was disease or Injury In any way related to occupation of deceased?	Ho.
(Address) 13.17 de Ac	ull st	If so, specify	
20. FILED 192 192	hullian	(Signed) (SUC) Tarrett	M. D.
If more blanker	Registrar.	(Address) Caronsurt lo 22	cl

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance Gallstones	Q8 May ,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAN	D-CERTIFICATE OF DEATH 08904
1. PLACE OF DEATH	(12470)
County Baltimore	Registration Dist. No. 3/3
Village or City Claspeburg	No. St Word
Length of residence in city or town where deeth occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME // Man	Much
(a) Residence: No. 60 (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, write the wind on the down	VED. 21. DATE OF DEATH
5a. If married, widowed, or divgreed HUSBAND of (or) WIFE of Selmaa. History	22. RIHEREBY CERTIFY. Thet i ettended decessed from
6. DATE OF BIRTH (month, day, and year) Feeley 12, 18	67 last saw h_ an alive on 9 24 36 , 19 3 4; death is said
7. AGE Years Months Days If LESS 1 dey,	than to heve occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and releted cause of importance
8 Trade profession or postingly	Date of onset
Saw Mill, Bank, etc.	lenhous form 13
10. Date deceased last worked at this occupation (month and year)	(blisterle)
12. BIRTHPLACE (city or town) Glamany (State or country)	Other Contributor Causes of importance:
13. NAME MULTO	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an euronsy?
15. MAIDEN NAME Not / Known	what test confirmed diagnosis? Was there an eu'opsy? 23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Milliam J. R. Marthos (Address) 22 M. Lakewood as	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sunty Law Date July 30, 1	Manner of Injury Nature of Injury
19. UNDERTAKER Mrs. G. Miller Homer Line (Address) 2334 Johnson Line	24. Was disease or injury in any way related to occupation of deceased?
7/10 (M/ 10 15 + m	(Signed) & Hey en M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			II III III I

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S.
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ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH
st SUP	1. PLACE OF DEATH	
occ	County Dully	Registration Dist. No.
sho	Village or City 19 and allatown	No. augsburg Home St., Ward
t S		death occurred in a horpital or institution, give its NAME instead of street and number) ds, How long In U. S. if of foreign birth?
CIANS	2. FULL NAME MOUTHER TOM	2100
YSICI staten	(a) Residence: No. Quality Atms - Camba &	Wal. R. L. Ward. Baltimore City
a > o	(Usual place of abode)	If nonresident give city or town and State
. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. E	3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF BEATH
d. L.	Jemale Whate Widowed	(Month) (Day) (Yaar)
A C T I	5a. If married, bidowed, or divorced HUSBAND of (or) WIFE of White Day 100 Miles (or) WIFE of	22. HEREBY & ERTIFY, That I attanded decaased from
X A class	(or) mile or	Jan 194 10 July 19 1930
4 4	6. DATE OF BIRTH (month, day, end year)	last saw hin alive on 30 6 ,197 ; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at Y
stated proper	opmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
be of c	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	10000 Stand 1023
	9. Industry or business in which	1755
hould may back	work was done, as SILK MILL, SAW MILL, BANK, etc	
E sl	O 1D. Data deceased last worked at this occupation (month and spant in this	
AGE that ons	yaar) occupation	Dthar Contributory Causes of Importance:
so ucti	12. BIRTHPLACE (city or town) Should be stated or coontry)	house
supplied. AGI n terms, so tha	II 13. NAME	
	14. BIRTHPLACE city or town and a consultation - Carnall	Name of operation. Usue Date of
y su lain t	(Stata or country)	What test confirmed diagnosis?
fall nt.	15. MAIDEN NAME 11 LANDON	23. If death was due to external causes (VIDLENCE) fill In elso the following:
caref TH in portan	15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of injury, 19
	(Stata of country)	Where did Injury occur? (Specify sity or town, county and State)
	17. INFORMANT ALLOQUE CATTURE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address) La alma Home - Campiela R	angering of one proged
N EN S	Place Island II has Date My - 21179 24	Manner of injury
mation s CAUSE TION is	1000 Ept M. De 1	Natura of injury
CA	19. UNDERTAKER (Address)	24. Was diseasa or Infury in eny way related to occupation of deceased?
	(1 2 3 × 10 h 10 11	(Signed) Stoll Bequester M. D.
: (+)	20. FILED Registrar.	(Address) 3002 Garreson Bl.
0	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	PARO
Gallstones	May 1,1923	Gastroenteritis	1 year
		To the state of th	11/20

V. S. No. 1

STATE OF MADVI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	-CERTIFICATE OF BEATH
County Baltsmoth	Registration Dist. No.
Village or City Stans	NoWard If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Shild of Ridge & 1 (a) Residence: No. Santo	Rosalel Meal Swin # 2 St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word) Wale What Sungle	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, D_hrs	I last saw h alive on; deeth is said to have occurred on the date stated above, et. 3. A.m.
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et this occupation (month end year) year) 11. Total time (years) spant in this occupation	Still Forth
12. BIRTHPLACE (city or town) Italy (State or country) Many Land	Other Contributory Causes of Importance:
13. NAME Ray Hall 14. BIRTHPLACE (city or town) (State or country) Mann land	Neme of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Praded Thible! 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Rifly Teal (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place A 12.19-34	Menner of injury
19. UNDERTAKER Factor Sonal (Address) Ellicutt City Miss.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 19 2 Registrar.	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	, all and a second seco	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH County Baltimare.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City farrows PANO. Mortle & 2FULL NAME Catherine Bar	Registration Dist. No. 4 9 Registration Dist. No. 4 9 (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Out July 192 that I last saw her also above date 192
7 AGE 46 yrs. 5 mos. 7 ds. or min.?	and that death occurred on the date stated above, at 950 f.m. The CAUSE OF DEATH * was as follows: My ocar dell dilatation
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) 2: yre mos de
9 BIRTHPLACE (State or country) Ballimore . Ned 10 NAME OF FATHER John Medicello 11 BIRTHPLACE OF FATHER (State of country) Sermanef .	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Button (Signed) (Address) (Address) (Address) (Address) (Button (Signed) (Address) (Address) (Address) (Address) (Signed) (Sign
of MOTHER Clen Genrickle. 13 BIRTHPLACE OF MOTHER 13 BOTTON BOT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 6 19 4 J. Y. Connelle Registrar If more branks are needed, address Stats Registrar	20 UNDERTAKER ADDRESS 1. 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Living laborer, Form laborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Former (regaged in domestic service for wages, as Servout, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> permanently filed. answered in detail, it w

If this certificate is

I questions

(Recommendations on stitement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart Tailure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perlunaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping American Medical Asso "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committe one thoroughl and put if cer corn thorage the cer corn thorage the cer cer. cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory vemenclature Measles ;

V. S. No. 1

1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH 1009	00
/ st.		31	
County / Vallence	7.	Registration Dist. No. V	
Village or City	<i></i> (1	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where daa	th occurred / yrsmos	sds. How long In U.S. if of foreign blrth?yrsmos	ds
2. FULL NAME Chine	- & Heelen	lson	
(a) Residence: No.	urte Mid	- St Ward.	
	(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5	OR DIVORCED (write the word)	21. DATE OF DEATH 20 (Month) (Dey)	193
5e. If married, widowed, or divorced HUSBAND of		(/ 1	(16al)
(or) WIFE of William	-C.	22. I HEREBY CERTIFM, Thet attended di	eceesed from
DATE OF BIRTH (month day and and	1 24 1600	1 06 1 1 1 1 1 3.01	19.2.7
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, et . 5 P. m.	death is said
46 31	2 d I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence	
8. Trede, profassion, or particular	ormin.	Mate as tollows.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	nava	Wrown Muscar Site	1928
9. Industry or business in which work was done, as SILK MILL.			v
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, atc	11 Total time (versa)		
this occupation (month and year)	11. Total time (yaers) spent In this occupation		
	- Occupation	Other Contributory Causes of Importenca:	
(State or country)	L	Alst med to the	
	Opins.	Noto wa reproves	mons
		72.0	~~~~~~
(Stata or country)	wans	Neme of operation Dete of	
	Daniel 1	What test confirmed diagnosis? Was there an aut	opsy?
	villager .	23. If death was dua to externel causas (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (Stete or country)	eaus	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
Yh C M	ilealone	(Specify city or town, county and State)	_
17. INFORMANT/ Add (Address)	ack, md,	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	0 1	Mannar of injury	
soulow / ark	Data July 231934	Natura of Injury	
19. UNDERTAKER Weev a Some	I Jul	24. Wes disease or injury In any wey related to occupation of daceased?	NU
20. FILED why. 22 34 00)	7- Buf per	(Signed) Upha N Murbur	# M. D
	V Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	y me

100 0000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	11	Example 11			
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:	000		
Gallstones	May 1,1923	Gastroenteritis	1 yeur		
		J.D.	200		

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DING	AC	so th	ction
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WITI	fully	n pla	nt.
LY,	care	TH i	porta
AIN	d be	DEA	y im
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		F-7	
RITI	tion	USE	NC
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item-of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH 06909
1. PLACE OF DEATH	(23)
County Ballimous	Registration Dist. No. 33
Village or City Mt Pleasant, Prisile	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Edith Oberfeld	
(a) Residence: No. 1840 Wilkens and Ball	Mo.Ward. If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write) tha word) White Married	21. DATE OF DEATH (Month) (Oay) (Year)
Sa. If married, widowed, or divorcad HUSBANO of (or) WiFE of Meyer Oberleld	22. I HEREBY CERTIFY, Thet I ettended decessed from
0	0.1
5. DATE OF BIRTH (month, day, and yeer) 7. AGE Yaars Months Days If LESS than	flast saw h 20 aliva on July 16 , 1924; death is said to have occurred on the date stated above, at 2.10 A.m.
1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance
	were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Tumper of Lung - Wature Muknown
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Chrome Hyocardelio 2 years
10. Oate deceased last worked at this occupation (month end year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Pussuu (Stata or country)	Other Contributory Causes of importance: Coronic Frond Tubuculosis Sym
13. NAME Walter Rosaw	
Russia	Neme of operation
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Bertha?	23. if death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) ************************************	Accident, suicide, or homicide?
17. INFORMANT Hashital Pelecard	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place TUSA PRO Date 7-16-3,19	Menner of injury
19. UNDERTAKER JOSEPH JOHN JOSEPH JOS	24. Was disaase or injury in any way related to occupation of deceesed? W
20. FILED July 16, 1934 - X. U. Slade ? Registrar.	(Signed) Theodorf Coaper M.D. (Address) Att. Plusset Bustinstron, Md
	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG 6 1934	1			
Other contributory causes of importance:	A	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		The state of the s		

V. S. No. 1

8	ORD. Every item of infor-	THESTCIANS should state	t statement of OCCUPA-	/
FOR BINDING	S IS A PERMANENT REC	stated EXACTLY. P	properly classified. Exac	certificate.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH FADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
Ħ	-WRITE PLAI	mation should h	CAUSE OF DE	TION is very in

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PL	ACE OF DE	ATH				
County Baltimore					Registration Dist. No. 3	1
Vii	llage or CityC	atonsvi	lle.		No. Opitz Home Ed. Ave. St., f death occurred in a horpital or institution, give its NAME instead of street an	
Le	ngth of residence in	city or town whara	daath occurred		f death occurred in a horpital or institution, give its NAME instead of street an	
		Catherin				
		Opitz I		. Ave.	St., Ward. If nonresident give city or town a	and State
Р	ERSONAL A	ND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		lor or RACE		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH July 31	, 193 34
5a. If mari	ried, widowed, or d		1 0 1115		(Wonth) (Day)	(Year)
(or)	BAND of WIFE of				22. OLD INEREBY CERTIFY, That I attended	11
6. DATE C	OF BIRTH (month,	day, and year)		1869		19.34 4; death is said
7. AGE	Yaars 65	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above at 6 120 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	
N S TI	rada, profession, or kind of work don	particular ia, as SPINNER.	Nurse) VIOLENCE HINI)	neie as iuiums.	Date of onset
=	SAWYER, BDDKK	EEPER, etc In which	TACT DO		Naterio - Sclerosio	In land
3 9	work was done, a SAW MILL, BANI	<, etc				75.03
0 10. b	this occupation (r yaar)	nonth and	spa	ima (yaars) nt in this upation	- J	
12 BIRTH	PLACE (city or tow	m) Balto	0.		Dther Contributory Causes of importance:	0
	tate or country)	.,,	Md.		mutical endo Carditis 1 3	unkun
置 13. NA	AME Pat	řick@01H	Brien		myocarditis	
13. NA 14. BI	RTHPLACE (city or (State or country		Ireland		Name of operation Dete of What tast confirmed diagnosis? Russe a Example State of the same	
15. M	AIDEN NAME	Elim	Redin	S	23. If death was dua to external causes WIOLENCE) fill in also the follow	
15. M.	RTHPLACE (city or (State or country		to obtam i	reformation	Accident, suicida, or homicida? Data of injury Where did injury occur?	, 19
17. INFORMANT Thomas J. O'Brien (Address) 2426 Guilford Ave.			Brien ord Ave.		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	lale) PLACE.
	L, CREMATION, OF			7	Manner of injury	
Pla	ce St. Ma	ry s Cer	1y Date Aug	3, 19 3	Nature of injury	
19. UNDER	TAKER JOHN	00 Euta	ritehell v Place	Thus Inc.	24. Was disease or injury In any way related to occupation of deceased?	no
20. FILED.	8/2	, 1934	le luce	Registrar.	(Signed) 6 10 6 Mark H	M. D.
		If mor	blanks are needed	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of deutloand related suses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis D G	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	Xuly5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory course of important	
	247	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Su letter - Harry Silverwood - 10 23 34	
V	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (16911
1. PLACE OF DEATH	(92)
County Gallimore	Registration Dist. No. 44
Village or City East Homberg ove	Strommers Run St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Stanler Ogomony	ki
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (inonth, day, and year) September 17th-1921 7. AGE Years Months Days If LESS than 1 day,	I last saw h alive on, 19, 19, 19; death is said to have occurred on the date stated above, at
12 9 19 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Struk has Link in
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	July sagaring
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Ballimore County (State or country)	Other Contributory Causes of importance:
13. NAME Walter Ogonowski	
13. NAME Walter Ogonowski	Name of operation
(Siete of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Constance Bednoska 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homlcide?
17. INFORMANT Walter Casmons kis (Address) Hemmeks Run	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL,	Manner of Injury
Piace Sacret Heart Mary Date July 6 , 19.34	
19. UNDERTAKER John & Cornelly (Address) Asser milly	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED July 6 , 1934 John G. Connelly Registry.	(Signed) facole Hallman Coroner M. D.
If more blanks are needed address State Registrary	2427 N Charles Street Raltimore Requesting 71 S No 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Bi

141

STATE OF MARYLAND—	CERTIFICATE OF DEATH (18019
1. PLACE OF DEATH	CERTIFICATE OF DEATH 06912
County Baltimore	Registration Dist. No. 3 ×
Village or City Mt. Wilson	NoTiberculosis Sanatorium St., Ward
Length of residence in city or town where death occurred O_yrs 1_mos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Pelegia Gertrude Owinsh	
(a) Residence: No. 507 S. Robinson Street	Dall 4 d manner 1864
(Usual place of abode)	St., Ward. BALLIMOYE, MG. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (worde the word) Single	21. DATE OF DEATH July 21st 193 4.
5a. If marriad, widowed, or divorcad	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of Single	22. I HEREBY CERTIFY, That I attanded deceased from
26 1 2 5 1 2 0 2 0	June 15th, 1934 to July 21st 1934
6. DATE OF BIRTH (month, day, and year) March 17th, 1912 7. AGE Years Months Days If LESS than	I last saw h. er alive on July 21st, 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated abova, at 12.01 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Jrade, profession, or particular	were as follows:
Notes the second of Particular Research of Work done, as SPINNER, Nurse SAWYER, BOOKKEEPER, etc	Pulmonary tuberculosis March
9. Industry or business in which Graduate City	1934
work was done, as SILK MILL, Hospitals, Balto.	1704
10. Date deceased last worked et this occupation (montifed nown spant in this 2 yrs	
year) spant in this 2 yrs	Othar Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Baltimore	
(State or country) Maryland	None
13. NAME John Owinski	
14. BIRTHPLACE (city or town) Unknown (State or country) Poland	Nama of operation No operation Date of
	What test confirmed diagnosis? X-ray, and was there an au'opsy? No
15. MAIOEN NAME Clara Zadzinski 1	23. If deatif was due to external causes (VIOLETICE) fill in also the following: Sputum
If. BIRTHPLACE (city or town) Official (State or countsy) Poland	Accident, suicide, or homicide? Date of injury, 19
- VIII /	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT YOUR K. Killerland (Address) Wit. Wilson, Wd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Arty Rossey Date July 23 19 3 9	Manner of injury
Total Die Colon	Nature of Injury
19. UNDERTAKER (Addiess) 1930 Eastern and	24. Wes disease or injury in any way related to occupation of deceased NO if so, specify
20. FILEO. Gerley 21., 19. 3 4 W. P. E. Mogra-Registrar.	(Signad) Ohy C. Suelly M.D. (Ardress Mt. Wilson, Md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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V. S. No. 1

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1. PLACE OF DEATH	ARYLAND—	CERTIFICATE OF DEATH 06913
County Baltimore		Registration Dist. No. 44
Village or City Golgate	()	No. Wordwise we . St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occur	rredyrsmos	sds. How tong in U.S. if of foreign birth?yrsmosds
2. FULL NAME Jaa Jaa Jaa Jaa Jaa Jaa Jaa Jaa Jaa Ja	Crose Colga ualplace of abode)	LeSt., Ward. If conresident give city or town and State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	LE, MARRIED, WIDOWED, LYORCED (write the word)	21. DATE OF DEATH (Mosth) (Day) (Jest)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Millins	22. HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) July	-19-1855	1 last saw here alive on fully 3/1934; death is said
7. AGE Years Months/ 7 D	lays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
79 79	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	eworle	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		alcinama of finer 1932
10. Date deceased last worked at this occupation (month and year)	I. Total time (years) spent in this occupation	
t2. BIRTHPLACE (city or town)	W	Other Contributory Canses of importance:
13. NAME Ernest Se	hnm	
13. NAME Errust Se 14. BIRTHPLACE (city or town) (State or country) Serror	any	Name of operation Date of Date of What test confirmed diagnosis? Clinical fundamental plans there an autopsy?
15. MAIDEN NAME I Catherine	2 Caplorn	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME / Catherine 16. BIRTHPLACE (city or town)	<u> </u>	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Jerma	any	Where did injury occur?
17. INFORMANT Mrs. filliane (Address) Wordline ave	Frisch Colgate.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ang - 3 , 1934	Manner of injury
19. UNDERTAKER John G. Con (Address) Essex. ma	relly	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDING & 1934 John	G. Connelle Registrary	(Signed) (Address) Books, M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(KI-D)
County Ballmas	Registration Dist. No.
Village or City Dog come of	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city of town where death occurredyrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2 FULL NAME	tusses
3 (a) Residence: No. Pro	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Truoto To Bobs	(Month) (Day) (Year)
Sa. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of Ballay	22. I HEREBY CERTIFY. That I attended decassed from
6. DATE OF BIRTH (month, day, and year) Quely 23 1934	
7. AGE Years Months Days If LESS than	I last say h eliva on 19 ; death is said to have occurred on the data stated above, at 70 m.
I day,_20_hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
S. Industry or business in which	Jos Zuncus
SAW MILL, BANK, atc.	- A Costage
10. Date daceased last worked at this occupation (month and spant in this	
year) occupation	
12. BIRTHPLACE (city or town).	Other Contributory Causea of importance:
(State or country)	Was millioner
13. NAME des be Ateaurs	
13. NAME 20 6 Stade of 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elegolo De Romage	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 15. State of country)	Accident, suicide, or homicide? Date of injury 19
X (State or country)	Where did injury occur?
17. INFORMANT Labe (Flagginte	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.
(Address)	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Coloury Wigneson Wy 25, 197K	Nature of injury
19. UNDERTAKER SIT. Chase & Some	24. Was disease or injury in any way related to occupation of dacaased?
(Addrass) 638 n. Silmor St Vallor	of so, specify
mountain 24 34 LAIR	(Signad)
20. FILED COLY 1934 MATTON CON My Registrar,	(Addrass) 100 7 J Blook Francisco
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

		STAT	E O	F MAR	YLAND-	CERTIFICATE OF DEATH	0015
1.	PLACE OF	DEATH				(46)	0310
	County	Baltimore	9	\	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registration Dist. No	3/
	Village or Cit	ty Hebby	ville	J. J.		No	Ward
	Length of resid	lence in city or town	n where dec	eth occurred4		f death occurred in a hospital or institution, give its NAME instead of street as ds. How long in U.S. If of foreign birth?yrs	
2.	FULL NAM	ИЕ	Jes	se W. F	orter		
	(a) Residenc	e: No. Hebb	bville	, Md. (Usual place	of abode)	St., Ward. If nonresident give city or town to the state of the state	and State
	PERSON	AL AND STA	ATISTIC	AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	ı
3. S	ex Male	4. COLOR OR RA	ACE !	OR DIVORCI	RRIED, WIDOWED, ED (write the word) OWED	21. DATE OF DEATH July 5 (Month) (Day)	, 193_4
5a. I	f married, widowa HUSBAND of (or) WIFE of	d, or divorced Sarah H	E. Por	rter		22. I HEREBY CERTIFY, That t attand	(Year)
6. D	ATE OF BIRTH (n	nonth, day, and yea	, July	y 1, 184	1	Chast saw h J.M. alive on J. Ly 4 19	19. 3. 4 L. (daath is said
7. A		s Mo	onths	Days	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at 8.45. Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance, were as follows:	
TION	8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc			No		Comment of Eguard	Data of onset
OCCUPATION	9. Industry or be work was	usiness in which done, as SILK MILI , BANK, etc.					7
000	10. Date daceased this occupa year)	ation (month and		Sp6	time (years) ont in this upation		
12. 1	BIRTHPLACE (city (State or count	0, 10,111,1		County, aryland		Other Cautributory Causes of importance:	
œ	13. NAME	Alec Por		ar yrana			
FATHER	14. BIRTHPLACE ((city of tomily		ll Count	M	Name of operation	
~	15. MAIDEN NAM			nar yranc		What tast confirmed diagnosis?	
I I		(city or town)	Carrol			23. If daeth was due to axternal causes (VIDL ENCE) fill in also the follow Accident, suicide, or homicide? Date of Injury	-
17. 1	NFDRMANT	r. Josepl	h Henr	Maryland ry Krum		Where did injury occur?	itale) PLACE.
18. E	BURIAL, CREMATIC	cobville on or removal of sville	Churc	ch Eemte	ry 1934	Manner of injury	~~~~~~~~
19. t	INDERTAKER	02ept	altimo	(00)	0	Nature of injury24. Was disaesa or injury in any way related to occupetion of deceesed?	ne
20. F	ILED MA - 7	7. 184	mh	· Bup	Sers Registrar.	(Signad) Q C C C C C C C C C C C C C C C C C C	/2 M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy RETRICKE 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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	CAFADING IN	pplied. AGE	terms, so that	instructions
	H CHEADING IN	supplied. AGE	in terms, so that	See instructions
	ITH ZAFADING IN	illy supplied. AGE	plain terms, so that	See instructions
	WITH SAFADING IN	efully supplied. AGE	in plain terms, so that	ant. See instructions
	Y, WITH CAFADING IN	carefully supplied. AGE	I'H in plain terms, so that	ortant. See instructions
	INLY, WITH TAFADING IN	be carefully supplied. AGE	EATH in plain terms, so that	important. See instructions
	LAINLY, WITH CAFADING IN	ld be carefully supplied. AGE	DEATH in plain terms, so that	ry important. See instructions
	PLAINLY, WITH CAFADING IN	hould be carefully supplied. AGE	OF DEATH in plain terms, so that	very important. See instructions
	/RITE PLAINLY, WITH VARFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ON is very important. See instructions on back of certificate.

CCA

STATE OF MARYLAND—CERTIFICATE OF DEATH 06916 1. PLACE OF DEATH County Baltimore Registration Dist. No. 3 o Village or City Catonsville No. 123 Smithwood Ave. No. 123 Smithwood Ave St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) 4 mos. ds. How long in U.S. If of foraign birth? yrs. mos. Langth of residence in city or town where death occurred 2. FULL NAME Mary C. Pyles (a) Residence: No. 123 Smithwood (Usual place of abode) nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) July 16.193 white female married (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended daceased from (or) WiFE of Julius E. Pyles Dec. 16-1856 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months If LESS than to have occurred on the date stated bove, at ... I day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... Caremona o retired 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc ... 11. Total time (vaars) 10. Date dacaasad last worked at spent in this all le this occupation (month) and St. Marvs Co. Md. 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME Adam G. Arst (Stata or country) What test confirmed diagnosis? Church MOTHER 15. MAIDEN NAME Cl ark 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?______ Deto of injury_____ 19____ 16. BIRTHPLACE (city or town) England (State or country) Where did Injury occur?___ (Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Price See CA Manner of injury Md. Data July Natura of injury 24. Was disease or injury in any way related to occupation of decaesed? (Addrass) Eutaw Place Balto Md If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy ,	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:	His to the	Other contributory causes of importance:	- 11
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH U6917
1. PLACE OF DEATH	23
County Baltimore	Registration Dist. No. 30
Village or City wit Washington	No. 911 Lake are St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Time Rose Rink	
(a) Residence: No. 9// Lake ave	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Linky 29. 1934 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hullife Rink	22. I HEREBY CERTIFY. That I attended decessed from Marify 28 1934. to July 28 . 1934
6. DATE OF BIRTH (month, day, end year) Gct. 13 1865	Hast saw har elive on July 27 1, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 6.30 A.m.
69 9 16 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Pulmonary Tuber Culosis Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Kedney & Heart complication 1933
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	Exhaustion - 4 Week
(State or country)	
13. NAME Schwardeher 14. BIRTHPLACE (city or town) Germany	
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? A Kay Was there an aulopsy? Last
	What test confirmed diagnosis? Was there an aulopsy? Was there are all of the was the
15. MAIOEN NAME 16. BIRTHPLACE (city er town) (State or country)	Accident, suicide, or homicide?Date of Injury19
(State or country)	Where did Injury occur?
17. INFORMANT Chillip Kink	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 911 Lake Give	
18. BURNAL) CREMATION, OR REMOVAL Dete Dete Black Bla 3	Manner of injury
A STATE OF THE STA	Neture of injury
19. UNDERTAKEN AGAINST AND AGAINST AGA	24. Wes disease or injury in any way related to occupation of deceased?
1 30 01 1/2 10 12 1	(Signed) C. It Beetern M. D.
20. FILED filly 30 , 1934 Land Registrar.	(Address) fort Washington Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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- Indiana in the second	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
i	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

V. S. No. 1

		S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	16918
1	L. PLACE OF	F DEA	TH			(92-01)	0
	County Ba	alti	more	*****		Registration Dist. No.	38
	Village or C	ity To	wson			No	Ward
			city or town where		yrs. 5 mos	f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrsyrs	
	2. FULL NA						
4077	(a) Residen	ce: No	404 W.	Hoppa I		St., Ward. If nonresident give city or town a	nd State
		IAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	sex emale		or or race	5. SINGLE, MAR OR DIVORCE Widow	RRIED, WIDOWED. ED (write the word) EC	21. DATE OF DEATH	, 193 (Year)
5a	tf married, widow HUSBANO of (or) WtFE of		orced rd F. R	ohlfing		22. I HEREBY CERTIFY, That t attende	ed deceased from
	DATE OF BIRTH	manth de	De.	c. 15	1854	1 1 1 1 1 1 1 1 1 1	t dooth is said
	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, atm.	. , Death is said
		79	7	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
NOI	8. Trade, profes	vork done	particutar , as SPINNER, EPER, etc	none	T Washington	Hound dead in bed.	Date of onset
OCCUPATION	9. Industry or Work was	business i s done, as L, BANK,	n which SILK MILL, etc			Hound dead on bed.	
000	10. Oate decease	ed last wo	rked at	11. Total t spa occ	time (years) ent in this upation		
12	BIRTHPLACE (cit	ty or town	Baltim	ore		Other Coutributory Causes of importance:	
~	(State or cour		D	Md.			
HER		a verticers stabilization on a st	Benner				
FATH	14. BIRTHPLACE	(city or t	German	V		Name of operation Oate of	
8					^	What test confirmed diagnosis? Was there a	
MOTHER	15. MAIOEN NAME Marguerita Pipino 16. BIRTHPLACE (city or town) (State or country) France				0	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Oate of injury Where did injury occur?	•
17	. INFORMANT _ M: (Address)	rs.	Irma R. Bosley	Angell Ave., T	owson,Md.	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
18	18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemoate July 24, 1934					Manner of injury	
	. UNOERTAKER (Address) 1		11/1	chell & lace, Ba	Sons, Ir Itol, Md.	124 Was disease or injury in any way related to occupation of deceased? If so, specify William P. Butter Con (Signed)	over) M. D
	1			1	ef Registrar.	(Address) Sawsow.	
	,		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
me e 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(78)
County BALTO	Registration Dist. No. 43
Village or City Fullestone	No. 26 Denry ave St Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME William, Warrie !	wark,
(a) Residence: No. 26 Aventy ave	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word) Marie	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Old 5. Bell Rugs le	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and year)	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h aliva on, 19
37 / 8 + t 1 day,hrs.	to have occurred on the data stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Scendantal Satta Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, Carfenter SAWYER, BOOKKEEPER, atc.	O A This Total This of The Sale
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaased last worked at this occupation (month and	Dur to Monorida 114,54
10. Date dacaased last worked at 11. Total tima (years)	4, , , 4,
10. Date dacased last worked at this occupation (month and grant) spant in this occupation was occupation 11. Total time (years) spant in this occupation 11. Total time (years)	Jas en Jarage
12. BIRTHPLACE (city or town) Russell Da. (State or country) Middle On the Constitution	Other Coatributory Causes of importanca:
1 0 1/2 0	
14. BIRTHPLACE (city or town) New 18. (State or country)	Name of operation
15. MAIDEN NAME Ida Johnson	What test confirmed diagnosis? Was there an au'opsy? 220, 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Some Sohnson 16. BIRTHPLACE (city or town). The ark Va.	Accident, suicide, or homicide? Accident bate of Injury
(State or country)	Where did injury occur? Nome Yarage
17. INFORMANT Olive. Belle Tuark.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
(Address) 26 Henry ave	Jone Tarage
Place Parkewood Date July 17, 1934	Nature of injury Hamber House Had
19. UNDERTAKER Lassahn	24. Was disease or Injury in any way related to occupation of dacased? 738
(Addiss) Belair Rd.	If so, spacify
20. FILED	(Signad) Language M. D.
Registrar.	(Addrass) Jawson Midle

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Example I Example II The principal cause of death and related cause The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1 week ago Kun over by street car Chronic interstitial nephritis 1 week ago Petitonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

Dur to Affadavit and Information geven mer Declare that Villiam Narra Ruark mest his Death Accidental

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Balto	Registration Dist. No. 43
Village or City Jullerton	N
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 1.5 yrs	ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME William Warren Tu	ark
(a) Residence: No. 26 Assury ave	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE-of Olive, Belle Ruark	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) - 189 7 1897	I last saw h alive on, 19; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
363 6 ## 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Sucide by Monoysus Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation /5	
12. BIRTHPLACE (city or town) Dugark' Va	Dther Contributory Courses of Importance:
(State or country)	Bus man had bernous
13. NAME Cafit M. J. Duarke.	altoudo de hove to VAD Var TEN
13. NAME Cafet M. J. Duark. 14. BIRTHPLACE (city or town) Buarks Va (State or country)	Name of operation. Data of
W 15. MAIDEN NAME & STATE STAT	What test confirmed diagnosis? ** ** ** ** ** ** ** ** ** ** ** ** **
15. MAIDEN NAME Saa Johnson 16. BIRTHPLACE (city or town) Issuary Saa (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide Dunceller. Date of Injury
17. INFORMANT OLIVE Belle Prearle.	Specify whather injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Monosture Cast.
Places Parkword Cs. Date 7/17 184	Natura of injury
Fredle & Sons	
19. UNDERTAKER CASSAGE (Address)	24. Was disease or injury In any way related to occupation of dacaased?

(Address) Lawsow

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis 9	3 days ago
		14 2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Dr Bruson of Overles was called also Vulmolor
this man was found on transcratoffus has no
Rosed Farage with Engine Running Will workrand
missed hick and found himsat 6 persol.

TWO CERTIFICATES TO BE FILED AS ONE.

IN MAKING CERTIFIED COPIES, MAKE COPY OF EACH, CHARGE FOR ONE COPY ONLY. BE SURE TO PLACE STATEMENTS ON BACK OF EACH ONE. PLACE DATE OF RECEIPT ON BACK OF EACH ALSO.

DR. COLLINSON SAYS USE THE "ACCIDENT" ONE .
October 19, 1934.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

MARGIN

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	Example II	
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		1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
į.		
	Other contributory causes of importance:	
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	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 06921
1. PLACE OF DEATH	W H-4
County	Registration Dist. No.
Village or City Cogar	No. O The Manual Control of the Manual Contr
Length of residence in city or town where death occurredyrsemos	BT - 이 - 10 1 10 10 10 10 10 10 10 10 10 10 10 1
2. FULL NAME Still Com my	last eschults
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July, 27th, 193
5a. If married, widowed, or divorced	CMONTH) (Dey) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Q = = 7 100	, 19, to, 19,
6. DATE OF BIRTH (month, dey, and year)	
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated bove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormm	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	atill tone intant
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL,	
work wes done, as SILK MILL, SAW MILL, BANK, etc	12 ms)
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year)	
Colgate	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Firedriese Mrs Schultz	
E Balto	Name of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME MI dry M. Knighter	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME/Neldre J/4, Knighten 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Oate of Injury19
17. INFORMANT Middle of M Schulty (Address) Core Cate	Where did injury occur? (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAN Johns Hopkins Place Lot to Johnson Hopkins	Manner of injury
19. UNDERTAKERISTATORIS - Laboratory	24. Was disease or injury in any way related to occupation of deceesed?
(Address)	If se, specify
20, FILEO July 28, 1934 4 Al Comice in	(Signed) J. All Mannell M. D. (Address) Spanarous Comp
Registrar.	(Audicas)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimole, Requesting V. S. No. 1.

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Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	and the second s			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

4	PI	-
K	V	ted
7	IS	sta
3	IIS	pe
구 >	T.	ld
MARGIN RESERVED FOR B	-WRITE PLAINLY, WITH NFADING INK-THIS IS A PI	mation should be carefully supplied. AGE should be stated I
3	H	田
7	ING	AG
4	VD	d.
7	NE	plie
A		dns
~	LH	Y
	WI	ful
	Υ,	are
	L	e c
7	AID	d b
	PL	onl
	E	sh
	RIT	ion
4	W	nat
2		H

N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	73-2
county Sacturiors	Registration Dist. No.
Village or City Cotouville	No. 920 Freelevek ave St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
	ds. How long in 0.3. It of foreign bittiffyrs
2. FULL NAME COURSE DE LU ELLE	rerg
(a) Residence: No. 4 / O Freelland (Wood)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF PACE S. SINGLE, MARRIED, WIDÓWED, OR DIVORCED (while the word)	21. DATE OF DEATH Culy 1/ 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That attended deceased from
(1. 20 1072	1 1: 10.0.11 1 518
6. DATE OF BIRTH (month, day, and year) Lig & S / A 7. AGE Years Months Days If LESS than	I last/saw h
/ /	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER Auffer	Thronic Myocarditis Unioner
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month and spant in this occupation)	
() year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) Aug Lass	
I OUR TO COME	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an au'opsy?
E 15. MANDEN DEME SINCE TO E blurain	What test confirmed diagnosis?
E /	Accident, suicide, or homicida?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANTS S. Louise Schwenisterg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR BEMOVAL	Manner of injury
Place July Jak Date My 3, 1934	Nature of Injury
19. UNDERTAKER Sasting Sous (Addiess) Olivary Sell	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 2/12., 19.3. Charles Registrar.	(Signed) lyshan Herbert, M.D. (Address) Ellert city my
If more blanks are seeded, address Sate Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

4.1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

V. S. No. 1

	OF MAR	YLAND-	CERTIFICATE OF DEATH 069	123
1. PLACE OF DEATH	-		(86)	5
County & Salle	grove		Registration Dist. No.	70
Village or City Well	La.	(1)	death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town	here deeth occurred	yrsmos	ds. How long In U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME The	lma G	estruo	le Sily	
(a) Residence: No De	lla g	ud	St., Ward.	
PERSONAL AND STAT	(Usual place		If nonresident give city or town and S	tale
3. SEX 4. COLOR OR RAC	1	RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
4 1 11/1:1		(write the word)	ale 17	193 7
5a. If married, widowed, or divorced			(Ddy)	(Yeer)
HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, Thet I attended de	ceased from
	1	_	, 19, to	., 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Month	7	71930	I last sew h alive on, 19;	death is seid
7. AGE Yeers Mont	Days /	If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at	
8. Trede, profession, or particular		ormin.	were se followe:	Date of onset
Rind of work done, as SPINNER SAWYER, BODKKEPER, atc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc 1D. Dete decessed last worked et this occupation (month end			Consulsion	
9. Industry or business in which work wes done, as SILK MILL,		-	- Townson	
SAW MILL, BANK, atc.			Carra Usek	
1D. Dete deceesed last worked et this occupation (month end year)		t in this		
yaai)	0000	petion	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)(State or country)	ela, Ta	Z	My St B	
1	80.		or A.C anaug	
13. NAME Crownel 14. BIRTHPLACE (city or town)	1.01.1		COPA	
(State or country)	Va	~	Nama of operation Date of Whet test confirmed diegnosts? Wes there en eut	M A-
15. MAIDEN NAME Mild	red Bas	ker	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	opsy! L'IL
15. MAIDEN NAME Milot 16. BIRTHPLACE (city or town)	Rella		Accident, suicide, or homicide?	19
State or country)			Where did injury occur?	
17. INFORMANT Granvel Soly			(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	25 1	2	Menner of injury	
Plece Minierside Cem.	La Date July	4.19,1934	Nature of injury	
19. UNDERTAKER F. C. Higischollan C.			24. Was disease or injury in eny way related to occupation of deceased?	Non
(Address) Ellicold	City, md.	7	If so, specify	
20. FILED 7/12 192	22/1	de val	(Signed) Marshall B west	M. D.
20. FILEU Registrar.			(Address) Catonnella Tul	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	H UNFADING INK-THIS IS A PERMANENT RECORD, Ever	supplied. AGE should be stated EXACTLY. PHYSICIAN	in terms, so that it may be properly classified. Exact statemen	
5	ENT REC	ILY. I	ed. Exa	
RGIN RESERVED FOR BINDING	ERMAN	EXAC	y classifi	
FOR	IS A P	stated	proper	
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	HIS	he	he	
KV	T	pluo	may	
コ	Ň	Sh	t it	
보	C	AGE	tha	
Z	DI		So	
KG	INFA	pplied	erms,	
		Su	in (2

state infor-OCCUPA 1. PLACE OF DEATH should Jo Registration Dist. No. iten Village or City (If death occurred in a horpital of institution, give its NAME instead of street and number) S ds. How long in U.S. if of foreign birth? yrs. Length of residence in city of four w (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month (Day) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. Thet I ettended deceesed from (or) WIFE of 19..., to... 6. DATE OF BIRTH (month, day, end year) I last saw h___. elive on Months If LESS than 1 day,... The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or min. were es follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc., 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Deto deceesed last worked et 11. Totel time (yeers) this occupation (month end spent in this yeer) _____ occupetion Other Contribatory Causes of Importence 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation (State or country) Was there an eulopsy?____ OF DEATH in pla What test confirmed diegnosis?_ should be carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (Stete or country) Where did Injury occur?_ (Specify city or town, county and State) Specify whether Injury occurred ImINDUSTRY, In HOME, or in PUBLIC PLACE. very (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE mation LION Nature of injury (Address) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Frample I	1	Example II	
The principal cause of de the nd related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstition nephrito	1921	Run over by street car	1 week ago
Cerebral hemorrage	July 5,1927	Peritonitis	3 days ago
Other contributory causes (mportance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

24	60	6 1	4 h	post	
U	O	9	4	0	

1. PLACE OF DEATH		(191)	1,400
County Baltin	word.	Registration Dist	No 30
Village or City. Cats	mwelle "	No. Harless Lodge of death, occurred in a hospital or institution, give its NAME in	20 Ct Word
Length of residence in city or tow	n whera death occurredyrs,mos		_yrsds.
2. FULL NAME	VNE SODIE		
(a) Residence: No. 170	5 N- applitum (Usual plate of abode)	St., Ward. Black If nonresident give	Old city or town and State
PERSONAL AND STA	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3. SEX 4. COLOR OR R.	S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2.8 193 4 (Oav) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	uel Sadie	22. HEREBY CERTIFY,	/)
6. DATE OF BIRTH (month, day, and yea	r)	I fast saw here alive on fully 28	1934; death is said
7. AGE Years Mo	nths Days If LESS then I day,hrs.	to have occurred on the date stated above, at 1 50 a. The PRINCIPAL CAUSE OF DEATH and related causes of	am.
6. DATE OF BIRTH (month, day, and yea 7. AGE Years Mo TH 8. Trade, profession, or particular kind of work done, as SPINI SAWYER, BOOKKEEPER, etc.		were as follows: Heat Enlaustron	Oats of onset
kind of work done, as SPINI SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc			
This occupation (month and	11. Total tima (yeers) 2 spant in this occupation		
12. BIRTHPLACE (city or town) (State or country) Let 13. NAME	Pursia	Other Contributory Causes of Importance:	10d
H 13. NAME Louis	Sodie	Seuth change	unk!
14. BIRTHPLACE (city or town)	Russia	Name of operation	Oate of
# 15. MAIDEN NAME Pa	se Sodie	23. If death was due to external causes (VIOLENCE) fill-in a	
16. BIRTHPLACE (city or town)	Russia	Accident, suicide, or homicide? Date	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BIRIAL CREMATION OR REMOVAL	Sherr St.	(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME, of	, county and State) or in PUBLIC PLACE,
Place Resselate	7-29-34	Manner of injury	
19. UNOERTAKER CADE	Lews Se	24. Was disease or injury In eny way related to occupation If so, specify	of decaased? ho
20. FILED / 19	AlSulus	(Signed) Wom Paraly Dry	nton 12 M.D.

If more bland are medel, address Sigle Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	I week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06926
1. PLACE OF DEATH	46
county Baltimore	Registration Dist. No. 42
Village or City Hale thorfse	No. Lincoln XTWE St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Florance	kangler p
(a) Residence: No. 574 W. (Usual place of abode)	St., Ward. for a If nonresident give city or town and Stote
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WHOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY. That I attended decased from
(or) WIFE of Edward The Spranger	May 7, 1934 to July 21, 1934
6. DATE OF BIRTH (month, day, and year) War 19, 1854	I last saw h_ on_ elive on _ July, 1934; daath Is said
7. AGE Years Months Days / If LESS than 1 dayhrs.	to have occurred on the dete stated above, at
70 7 12 1day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, However, SAWYER, BOOKKEPER, etc.	Milling Vancies 1933
9. Industry or business in which work was dona, as SILK MILL.	
SAW MILL, BANK, etc	
this occupation (month and spentin this year)	
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of Importance:
(State or country)	
13. NAME Per John Davis 14. BIRTHPLACE (city or town) Jondon	
2 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Matty Was there an au'opsy?
15. MAIDEN NAME CATTY COOK 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or seunity)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT a gar to fall all all all all all all all all al	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Date 11934	Nature of injury.
19. UNDERTAKER AM A. LICKNER D. Sons (Addiess by the Pennsylvania aver	24. Was disease or injury in any way related to occupation of deceased? US
20. FILEDULY 23.1931 Termfliffe	(Signed) WS/arrow M.D. (Address) Helethorpe hid
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	10	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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	S	TATE O	F MARY	LAND-	CERTIFICATE OF DEATH	6927	
1. PLACE OF DEATH						110	
County Baltimore			:		Registration Dist. No.	13	
Village or City Perry Nall					Notopka + Chaplel Roads St.,	Ward	
	Length of residence in of	or town where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and n		
2	FULL NAME	Jary (2. St	rehles			
	(a) Residence: No	1			St., Ward.	C	
(Usual place of abode)					If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
PERSONAL AND STATISTICAL PARTICULARS					21. DATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)			OR DIVORCED	(write the word)	July 9	, 193 4	
52	5a. If merried, widowed, or divorced				(Month) (Day)	(Year)	
HUSBAND of Or Was Allend				, ,	22. I HEREBY CERTIFY. That I attended deceased from		
John sources				16.002	July 1 st , 193 4 , to fully 74	19	
-	DATE OF BIRTH (month, day		1000	1838		; deeth is sald	
7. /	~~	Months	Days	if LESS than 1 day,hrs.	to have occurred on the dete stated above, at		
	/3	8	29	ormin.	were as follows:	Date of onset	
NO	8. Trade, profession, or particular kind of work dona, as SPINNER,			nlo	Chiones muscurdites	1932	
OCCUPATION	SAWYER, BOOKKEEPER, etc				To since any comment		
	SAW MILL, BANK, e	work was done, es SILK MILL, SAW MILL, BANK, etc					
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation						
12. BIRTHPLACE (city or town) Sulfury (State or country) Sormany (State or country) Sormany (State or country) Sormany (State or country)			Lung		Other Contributory Causes of Importance:	1.000	
			affel		70. The Darrellie on	1 da	
			Y Bon	10.16	- July Colonia - July	7	
			0		Name of operation Date of		
14. BIRTHPLACE (city or town) (State or country)			many		What test confirmed diagnosis? Ty was Lyangh Was there an a	u'opsy?	
HER	15. MAIDEN NAME V	nlens	my		23. If death was due to extornal causes (VIOL ENCE) fill in also the following	j:	
16. BIRTHPLACE (city or town)					Accident, suicide, or homicide?		
E (State or county) Gengany			ngn	4			
17. INFORMANT John strehlen			refulfs	v	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.	
18. BURIAL, CREMATION, OR REMOVAL CONTROL INLY 12. 124			to Oak	119 311	Manner of injury		
			ate My	12 1024	Nature of injury		
19. UNDERTAKER Frederick & Sadfmit Jone				n year	24. Was disease or injury in any way related to occupation of deceased?	hy	
-	(Address) 740	Below	ir Ros	20/	If so, specify	2	
20.	FILED 7///	1931	7. a. t	up mx	(Signed) W. De less au		
H			1	Registrar.	(Address) 9' Quelle au		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Marie de Houses (nomes de la company)	

V. S. No. 1

2		A	1		
ř	Y	}		1	
	•	1	1		

PHYSICIANS should state of OCCUPA-NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6928
1. PLACE OF DEATH	(93-2)	1
County Balto.	Registration Dist. No.	
Village or City Colg att.	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
//	ds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME Robert H. Sevisher	er ·	
(a) Residence: No. 539-46 Th	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male. White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day)	, 193 # . (Year)
HUSBAND of Wary L. Swisher.	22. IHEREBY CERTIFY, That I attended July 3 1934 to July 12.	deceesed from
B. DATE OF BIRTH (month, day, and year) Sept. 29.1849.	I last faw h ish elive on July 3/ 1934	.; death is seid
AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 12Pm.	
84 9 13. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	(5)
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at 11. Total time (years)	Chronic Myocarditis.	Date of onset
9. Industry or business in which	arteripolerosos	5 yea
work was done, as SILK MILL, SAW MILL, BANK, etc.	Enyshypena.	16 yr
11. Total time (years) this occupation (month and 10 yrs) year) 11. Total time (years) spent in this occupation	Shokehitio.	5 4
U. H. Luc	Other Contributory Causes of importance:	1
12. BIRTHPLACE (city or town) (State or country)	sence caract.	2 gea
13. NAME Peter Sivisher.		
4 this land	Name of operation Date of	
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Examination Was there en a	autonsy? ho
15. MAIDEN NAME	23. If death was due to extarnal causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Settly hung (State or country)	Accident, suicide, or homicide? Date of injury	
(State or country)	Where did injury occur?	
17. INFORMANT Mr. Wildberger (Address) 539-46 th St. Sale in law.	(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place Caplacion ben Date July 14,1934	Nature of injury	
19. UNDERTAKER IN M. BOOK	24. Was disease or injury In any way related to occupation of deceased?	no.
(Address) 217 St paul 10	If so, specify	
20. FILED 7/13/319/ Millearing	(Signed) Louis n. Tollen (Address) klundalk. Wh	M. E
16 William VIII Company	N Cl. J. C D.J	-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1 2	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OF STATE			
Other contributory causes of importance Gallstones	1/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
19			

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH BY CERTIFY. That i attended deceased from to have occurred on the date stated above, at 1-1-1-c-m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of oneat 7 Myo 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 24. Was disease or injury In any way related to occupation of deceased? Registrar. (Address) _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. S.

state

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

1. PLACE OF DEATH

ould Occu	County Balto.	Registration Dist, No.
should of OCC	Village or City Pland View Beach	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos ds.
Every MANS ement	2. FULL NAME 10 LL 4, James	
ECORD. Every PHYSICIANS (act statement	(a) Residence: No. 1906 2. Fairling at av. (Usual place of abode)	St.; Ward. Back My different give city or town and State
RECO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TR.	3. SEX 4. COLOR OR RACE Color or RACE OR DIVORCED (write the word) 5a. If merried, wildowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
A C A C assifi	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
ERN EN cl	6. DATE OF BIRTH (month, day, and year) Lac. 31-1911	I last saw h alive on, 19; death is said
HIS IS A P be stated be properly of certificat	7. AGE Years Months Days It LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
NFADING INK—T. pplied. AGE should erms, so that it may instructions on back	SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month and year) 12. BIRTHPLACE (city or town). Potential occupation (State or country)	Other Contributory Causes of Importence:
UNFA supplied n terms, ee instru	13. NAME Williams (relly	
rif C ly suffain to See	1.	Name of operation Dete of
T 12	(State of country)	Whet test confirmed diagnosis? Was there en eutopsy?
E PLAINLY, WITH should be carefully OF DEATH in pla	15. MAIDEN NAME Marie Sterring le 16. BIRTHPLACE (city or town) Back Lud. (State or country) 17. INFORMANT 105. Q. Sarring Res J. (Address) 31725, Brigading Back	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
	18. BURIAL, CREMATION, OF REMODELLES Com. Date July 21, 1934	Manner of injury
B.—WRIT mation CAUSE TION i	19. UNDERTAKER Lilly & Reile Due (Address) 403/8. Wolfe St.	24. Was disease or injury in any way related to occupation of decessed?
z T	20, FILED 7. 1. 7. 1934 John S. Cornelle Registrar.	(Signed) Jacob Walling Coroner M. D. Address) Stemmers Run
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of impressive:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
y			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06931
County Baltimore	Registration Dist. No.
Village or City EUDOWOOD SANATORIUM, TOY	VSONo. MD. St Word
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME John Desert Fra	
(a) Residence: No. 124 Louden ave	St. Ward.
Irvington, md (Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) TO THE SEX	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia a Francers	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) may 15, 1877	1 last saw h 2000 aliva on 2000 1934; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at S. 30. C.m.
\$ 56 / 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
Trede, profassion, or particular kind of work dona, as SPINNER, Lahue V in copper of SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	p Pulmuray f 1922
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) / rs. ea nd (State or country)	Other Contributory Causes of Importance:
13. NAME Michae francers	
13. NAME Michae Frances 14. BIRTHPLACE (city or town) / re Pand (Stata or country)	Name of operation Date of What tast confirmed diagnosis? Cleural Yeak, Was there an autopsy? No
15. MAIDEN NAME Culterine Taly	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
Hospital RecordsPersonal History 17. INFORMANT Eudowood Sanatorium, Towson, Md.	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE COLLINGIA CONTROL Date July 3 , 1944	Manner of Injury
19. UNDERTAKER Political See a Failey. (Addrass) 1500 W Farrello	24: Wes disease or injury in eny way related to occupation of daceasad? If so, spacify
20. FILED July 1 , 1934 The Pauler Registrar.	(Signed) Na Manager M.D. (Addrass) Towson, Md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
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Chronic interstitial ne shratis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 3 3 5	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

properly classified. Exact statement

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

STATE	OF	MARYI	AND-CERTIFICATE	OF	DEATH
O I I I I		1414 71 7 1 -	MIND CENTIL TONIE		DEALL

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Ballemore	Registration Diet No. 33
	of the first of the contract o
	No. Rosewood State Training School Ward If death occurred in a horpital or institution, give its NAME ipseed of street and number)
Length of residence in city or town where deeth occurred 17 yrs, 2 mo	s. 17 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Glenwood Twisa	
(a) Residence: No. Saleabury, Jud. (b) (Saleabury), Jud. (c) (Saleabury), Jud. (d)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED, (write the word)	21. DATE OF DEATH heles 10
Single.	(Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I ettended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, day, end yeer) Nov 1900	0 0 0 0 0
7. AGE Years Months Oays If LESS than	to have occurred on the date steted above, at 9:004 m.
3 3 8 O I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Dunate, Rosewood	
CONTICH, DOURNELLEN, GIG	
1 / work was done as SILK MILL O Charter U carrier huelt	Chronic Villo media 6/10/34
10. Dete deceesed last worked et Ma 11 Total time (vears)	-
this occupation (month end spent in this year) occupation	
00'1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Salesbury Ind. (State or country)	
	Preumococcic Meningelis 7/8/34
13. NAME Samuel 1. Twg	
14. BIRTHPLACE (city or town) Salesbury Dud	Name of operation
(Stete or country)	What test confirmed diagnosis? Laforal Wes there an autopsy?
15. MAIDEN NAME mary Varker	23. If deeth wes due to external ceuses (VIOLENCE) all In elso the following:
16. BIRTHPLACE (city or town) Salisbury Md	Accident, suicide, or homicide? Dete of injury19
(State or country)	Where did Injury occur?
17. INFORMANT Distillulinal fleands.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) School, Owing mills And	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Roswood Cem Date July // 1934	Neture of Injury
F & lines & South	
19. UNOERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
- Veregrandrum "Ma	If so, specify
20. FILEO July 16, 19.34 H. W. Slade.	(Signed) Levyl C. Medairy M. D.
Registrar.	(Address) . O ways mills, Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

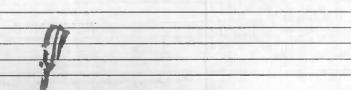
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Example I			Example II		
The principal cause of death of importance were as follows: Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1 3 2004	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Wife 6 1904	July 5,1927	Peritonitis	3 days ago	
	BUREAU				
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	



of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

15	6	O	2	3
U	U	J	U	()

1. PLACE OF DEATH	(46)
County Baltimore	Registration Dist. No. 19
Village or City Overlea	No. St., War
tenoth of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Many a Wagner	
(a) Residence: No. 116 Koll and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOW OR DIVORCED (write tha w	
a. If married, widowed, or diversed HUSBAND of	
(Or) WIFE of John G. Wagner.	22. I HEREBY CERTIFY, That attended deceased from
5. DATE OF BIRTH (month, day, and year) Que 19-1853	Maet saw have aliva on 19 daath is sai
r. AGE Yaars Months Days If LESS	
80 10 20 1 day,	mar a e fallows.
8. Trade profession or particular	Date of onsel
SAWYER, BOOKKEEPER, etc.	A, Af me
	January January
SAW MILL, BANK, atc	7
12. BIRTHPLACE (city or town) Baltimore md.	Other Contributory Causes of importance:
13. NAME Rupfaert	Me
14. BIRTHPLACE (city or town). Germany	Name of operation. Oate of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy
15. MAIOEN NAME Not known	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) not known (State or country)	Accidant, suicida, or homicide?Oata of Injury, 19
7. INFORMANT Mrs, Jesse B. Lehman	Whare did injury occur? (Specify city or town, county and State) Specify whethar Injury occurrad In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 116 Kolb are	
8. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Ceny. Date July 12	Manner of injury
Place Holy Cross Cem. Date July 12, 11	Nature of injury
9. UNDERTAKER George W. Jukler (Address) 1737 E. Edger St.	24. Was disease or Injury In any way celated to occupation of deceased?
10. FILED 7/10, 1984 10 Q. F. T. P. Regist	(Signad) M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	il	Dixample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal clase of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of evileps &	1 week ago
Chronic interstitial nephritis	1921	Run over to street de	1 week ago
Cerebral hemorrhage	July 5,1927	Periton in the contract of the	3 days ago
		()	
Other contributory causes of importance:		Other contributory causes of importance:	TO THE
Gallstones	May 1,1923	Gastroenteritis	1 year

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item of infor-

	1. PLACE OF DEATH		CERTIFICATE OF BEATH	0
	County Baltisman	<u> </u>	Registration Dist. No. 36	
	Village or City Luttlewill	(II	NoSt.,	
	4 . 1.///	occurredlmos	ds. How long in U.S. if of foreign birth?44yrsm	osds.
	2. FULL NAME Lows Wald	enverger		
	(a) Residence: No. two far	(Usual place of abode)	St., Ward.	
	PERSONAL AND STATISTICA		If nonresident give city or town and	State
3.	SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word) Married	21. DATE OF DEATH July 17	, 199 4
5a	If married, widowed, or divorced	Mallien	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of Alice J	. McKittrick	22. I HEREBY CERTIFY That I attended	deceased from
			Dec. 4 , 1933 to July 17	, 19.3.4.
	DATE OF BIRTH (month, day, and year) July AGE Years Months	Days If LESS than	to have occurred on the date stated bove, at 2: 70 P.m.	_; death is said
1	60 0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Z	8. Trade, profession, or particular	J 100000000000000000000000000000000000	were as follows:	Oate of onset
110	oritinally bootimest sity biting the	ardner	Heart disease, sugarabular with	1
JPA	9. Industry or business in which work was done, as SILK MILL, Balt. SAW MILL, BANK, etc.	imore Country	- desompeniation	Pec. 1932
OCCUPATION	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	Chronic dryscarditis	1933
12	BIRTHPLACE (city or town) Ger	many	Other Contributory Causes of Importance: Nephritis, durani intenstitis	May 1933
ER	13. NAME Louis Waldenb	erger		- L
FATHER	14. BIRTHPŁACE (city or town)		Name of operation Date of	
-		many	What test confirmed diagnosis? Was there an a	u!opsv?
HER	15. MAIOEN NAME Not obt	ainable	23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town)	11.	Accident, suicide, or homicide? Date of injury	
-	(State or country) German		Where did injury occur? (Specify city or town, county and State	
	INFORMANT Mrs. Alice J. W (Address) Lutherville,	Aldenberger Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
18.	Place St. Joseph's, Tex	as 7/20 19 34	Manner of Injury	,
19.	UNDERTAKER Wesstry Wood	Dears 7 Don	24. Was disease or injury in any way related to occupation of deceased?	No
20.	FILED City 19, 1034 40.	Della Registrar.	(Signed) (Solling to Huds) (Address) 60 6 Balto ly, Towns	M.D.
	If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
C.	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		, , , , , , , , , , , , , , , , , , , ,	

-WRITE

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH altimore Registration Dist. No. Pleasant Sana orum occurred in a hospital or institution, give its NAME instead of street and number) 28 ds. How long in U.S. if of foreign birth?_____yrs.____mos. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Male marrie (Day) 5a, If married, widowed, or divorced HUSBAND of ERTIFY, That I attended decaesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 1 day.____hrs 55 or____min. Date of onset 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.---OCCUPATION 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceasad last worked at 11. Total time (years) this occupation (month and spent in this occupation _____ 12. BIRTHPLACE (city or town) (State or country) FATHER I3. NAME 14. BIRTHPLACE (city or town) Name of operation (Stata or country) What tast confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?____ Date of injury 19 (State or country) Where did injury occur?___. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT .. (Address) Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of daceasad? 19. UNDERTAKER (Addrass) If so, spacify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I

Gallstones

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Example II

1 year

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:

Gastroenteritis

May 1.1923

V. S. No. 1

state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 116020
1. PLACE OF DEATH	98-c
County Ballingro	Registration Dist. No. 3/3
Village or City Fullerton	No Belair Sond St., Ward
Length of residence in city on town where deeth occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME Charles Stebber	1.00.01.00
(a) Residence: Na Selfair Road & Gutty (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of Conshell Mobber	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) afril 2nd 1865	Mest sew h alive on 2007 19 2 4; death is seid
7. AGE Yeers Month Deys If LESS then	to have occurred on the dete stated above at
69 2 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
STrade, profession, or particular kind of work done, as SPINNER CAMPER SAWYER, BOOKKEEPER, etc	Date of onset
9. Industry or husiness in which	below Selliones
work wes done, as SILK MILL Jacking Jouse	The course was so - I for 1982
10. Dete deceased last worked et this eccupation (month and yeer)	of the state of th
12. BIRTHPLACE (city or town) . Ralls.	Other Contributory Causes of importance:
(State or country) mary and	Cerebral Heverley June
13. NAME John / Webbel	129.19
14. BIETHPLACE (city or town)	Neme of operation
(Stete or country) / nknown	What test confirmed diegnosis 2 + Ly Was there an au'opsy?
	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mis / farold Bryle (Address) Feel Vertin, Med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL CONSTRUCTION OF REMOVAL	Menner of injury
19. UNDERTAKER / PUCK Schaffund fores	24. Was disease or injury in any way releted to occupetion of deceased? 4.
20. FILED 7/3 , 1934 9, A. Euro Registrar.	(Signed) Server M. D. (Address) / W Verley Cen

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago REREAL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-----------	---------	------------	----	-----------

1. PLACE OF DEATH		46)
County Baltimore		Registration Dist. No.
Village or City Musical Village or City or town where de	path occurred. 42 yrs	No. St., f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmos.
2. FULL NAME Elenora	Whitlangton	whyse
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colord 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Oay) 193 4
(or) WIFE of Celful	why	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year)	eb. 10, 170	l last saw h; death l
7. AGE Years Months	Oays If LESS than I day,	more as follows: or DEATH and letated courses of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Ca a Date of
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	It Items	Locking of Oceans
10. Oate deceased last worked et this occupation (month and year)	11. Total time (years) spent in this	
12. BIRTHPLACE (city or town) Buelo	occupation	Other Coutributory Causes of importance:
(State or country) 13. NAME Freph Whi	ettenstore	
13. NAME With With 14. BIRTHDIACE (city or town). Back (State or country).	unit Co	Name of operation
0	marino	What test confirmed diagnosis? Was there an eutopsy?_
16. BIRTHPLACE (city or town) Bac	limit to	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country) 17. INFORMANT Mrs Floren	u Byean	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Pro-	and and	Manner of Injury
Place Viney Sure	Oate July 4 , 1924	Nature of injury
19. UNOERTAKER & hachle (Address) while	Hall mid	24. Was disease or Injury in any way related to occupation of deceased?
20, FILEO July 1 1934 Mil	and are made	(Signed) Wood Cleaderer Corny (Address) Whitestall In

STATE OF MARYLAND—CERTIFICATE OF DEATH U6937

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

WRITE PL

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	set act	PLACE OF	DEATH
XX	\EX \	County Base	11

STATE OF MARYLAND CERTIFICATE OF DEATH

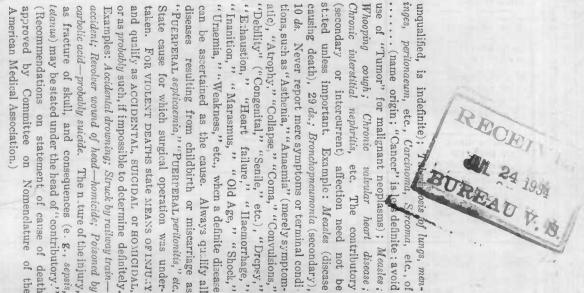
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and a	Registration Dist. No.
Village or City Hollrook (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5-SINGLE, MARRIED, WIDOWED. Whate (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
7 AGE State State	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Juldenick Md.	Contributory Secondary , Duration , yrs. , mos. , ds.
10 NAME OF FATHER CANALIN Josheson Wilcon 11 BIRTHPLACE OF FATHER (State or country) Judewick	(Signed) M. D. 1923 X (Address) Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Anna Mary Getafindarine 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsds.
(Informant) Storing J. Walconon (Address) (Druin)	Where was disease contracted, if not at place of dea.h?

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housetired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Data of onset

Towson.

(Address) ...

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 9 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year